

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000069236

**FILED**  
**Jan 20, 2006**  
**Secretary of State****Entity Name:** WALKER LLC**Current Principal Place of Business:**12761 ASTON OAKS DRV  
FT MYERS, FL 33912**New Principal Place of Business:****Current Mailing Address:**12761 ASTON OAKS DRV  
FT MYERS, FL 33912**New Mailing Address:****FEI Number:** 20-1651000**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHAW, RICHARD C DR  
813 MONROE CT  
STE 1  
IMMOKALEE, FL 34142 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** WALKER, JAMES W  
**Address:** 12761 ASTON OAKS DRV  
**City-St-Zip:** FT MYERS, FL 33912 US**Title:** MGRM (X) Delete  
**Name:** WALKER, WENDY A  
**Address:** 12761 ASTON OAKS DRV  
**City-St-Zip:** FT MYERS, FL 33912 US**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JAMES W. WALKER

MGR

01/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date