2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State DOCUMENT # L04000069261 Entity Name WALNUT TREE BUILDERS, LLC Malling Address Principal Place of Business 16701 WEST AINTREE DRIVE 16701 WEST AINTREE DRIVE LOXAHATCHEE, FL 33470 US LOXAHATCHEE, FL 33470 CRŽE083 (11/05) 01042008No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1214322 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent BARRA, RICHARD K DO NOT WRITE 4400 PGA BOULEVARD IN THIS SPACE **SUITE 800** PALM BEACH GARDENS, FL 33410 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and like it explicable. DATE (NOTE, Registered Agen) signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 8. Service American Children Constitution Formation (1997) TITLE TULIANO, GERALD A NAME. STREET ADORESS 16701 WEST AINTREE DRIVE CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE NAME STREET ABORESS - - -CHY-ST-ZIP NEW TRANSPORT SERVICE STREET STREET SERVICES STREET SERVICES STREET STRE TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST -ZYP IN THIS SPACE mur NAME STREET ADDRESS CSTY - ST - ZIP The second secon 4.6

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under each; 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:

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-AT

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

particular to the second of th

اد مشدد. اد ماه داد داد در سول درمانشد داد در در در در ارستمور

FILED