

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079459

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** DAVID WALKER PAINTING, LLC

**Current Principal Place of Business:**

236 WATSON DRIVE, NW  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

52 CAPE DR.  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

236 WATSON DRIVE, NW  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

52 CAPE DR.  
FORT WALTON BEACH, FL 32548

**FEI Number:** 46-5274737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALKER, DAVID L  
236 WATSON DRIVE, NW  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

WALKER, DAVID L  
52 CAPE DR.  
FORT WALTON BEACH, FL 32548 US

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:**

04/27/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** WALKER, DAVID L  
**Address:** 236 WATSON DRIVE, NW  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WALKER, DAVID L  
**Address:** 52 CAPE DR.  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** DAVID L. WALKER

OWN

04/27/2005

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