


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000080294 1. Entity Name WALKER FAMILY ENTERPRISES, "LLC"	
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Principal Place of Business 3213 S.E. 35TH STREET OCALA, FL 34471 US	Mailing Address 3213 S.E. 35TH STREET OCALA, FL 34471 US
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01292006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1917520	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, DAVID G SR., 3213 S.E. 35TH STREET OCALA, FL 34471

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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, DAVID G SR., 3213 S.E. 35TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, PHYLLIS C 3213 S.E. 35TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, DAVID G JR., 3213 S.E. 35TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, STEVEN T SR., 8 SPRING LOOP CIRCLE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, WENDY A 3137 S.E. 54TH CIRCLE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000411484
02/10/06-80009-002 55.00

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11. I hereby certify that the information supplied with this filing 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 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 609, Florida Statutes.

SIGNATURE: *Phyllis Walker* **PHYLLIS WALKER** **01.30.06** **(352) 694.3457**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #