2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2009
Secretary of State

DOCUMENT# L04000087398

Entity Name: WALKER & ASSOCIATES LLC

Current Principal Place of Business:

3860 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

3900 GALT OCEAN DRIVE
APT. #1417
FORT LAUDERDALE, FL 33308 US

Current Mailing Address:

3860 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021 US

New Mailing Address:

P.O. BOZ 480699
FORT LAUDERDALE, FL 33348 US

FEI Number: 20-2008580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, LENORE E
3860 SHERIDAN STREET, SUITE A
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

WALKER, LENORE E
3900 GALT OCEAN DRIVE
APT 1417
FORT LAUDERDALE, FL 33308 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: _____ 09/03/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WALKER, LENORE E
Address: 3860 SHERIDAN STREET, SUITE A
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WALKER, LENORE E
Address: 3900 GALT OCEAN DRIVE, #1417
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify 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: LENORE E. WALKER DR 09/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date