

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087896

FILED
Jul 06, 2007
Secretary of State

Entity Name: WALTHER DEVELOPERS, LLC

Current Principal Place of Business:

6156 YOUNG LANE
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6156 YOUNG LANE
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 20-2544750 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:

Name and Address of New Registered Agent:

WALTHER, WILLIAM C SR.
6156 YOUNG LANE
MILTON, FL 32570 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALTHER, DARREN K
Address: 612 MAGNOLIA CIRCLE
City-St-Zip: GULF SHORES, AL 36547

Title: MGR () Delete
Name: WALTHER, WILLIAM C SR.
Address: 6156 YOUNG LANE
City-St-Zip: MILTON, FL 32570

Title: MGR (X) Delete
Name: WALTHER, WILLIAM C JR.
Address: 6112 ARNIE'S WAY
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: WILLIAM C WALTHER, SR

MGR

07/06/2007

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