

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089143

FILED
Jul 20, 2009
Secretary of State

Entity Name: SOUTH WALTON PARTNERS, LLC

Current Principal Place of Business:

4076 INDIAN BAYOU
DESTIN E, FL 32541

New Principal Place of Business:

Current Mailing Address:

4076 INDIAN BAYOU
DESTIN E, FL 32541

New Mailing Address:

FEI Number: 20-1983878 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:

SMITH, STUART J
4076 INDIAN BAYOU N.
DESTIN ,, FL 32541 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: MGRM () Delete
Name: WATERS SMITH, JOYCE
Address: 4076 INDIAN BAYOU W
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: TAYLOR, JUANITA
Address: 3925 BALSAM DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: SMITH, STUART
Address: 4076 INDIAN BAYOU N.
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: MELTON, NANCY
Address: 510 GULFSHORE #1A
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: RUPP, DONNA
Address: 664 WOODLAND BAYOU DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: RUPP, ED
Address: 664 WOODLAND BAYOU DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

Title: MGRM (X) Change () Addition
Name: SCURTO, PAUL
Address: 4744 AMHURST CIRCLE
City-St-Zip: DESTIN, FL 32541

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: STUART J. SMITH

REGI

07/20/2009

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