


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L04000090218

1. Entity Name
CAROL'S WALK, LLC



Principal Place of Business 9309 OLD KING RD SOUT H SUITE 1-A JACKSONVILLE, FL 32257	Mailing Address 9309 OLD KING RD SOUT H SUITE 1-A JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE



04022008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2401394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MONCHERO, GLORIA
 9809 OLD KINGS RD SOUTH
 SUITE 1-A
 JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDMONDS, DANA H 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM, CUTTS 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257
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 05/01/08-80040-014 138.75

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 608, Florida Statutes.

SIGNATURE: William Cutts **4/16/08** (904) 737-9322

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