2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090218

1. Entity Name CAROL'S WALK, LLC



Principal Place of Business

9309 OLD KING RD SOUT H SUITE 1-A

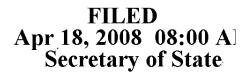
JACKSONVILLE, FL 32257

Mailing Address

9309 OLD KING RD SOUT H

SUITE 1-A

JACKSONVILLE, FL 32257





DO NOT WRITE IN THIS SPACE 04022008 No Chg-LLC

4. FEI Number Applied For 20-2401394 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and tritle if applicable.

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.	
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SI	GNATURE	

(NOTE: Registered Agent signature required when remetating)

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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DATE

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: We m Cutt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/16/08 (904)737-9322