

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090218

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: CAROL'S WALK, LLC

## Current Principal Place of Business:

9309 OLD KING RD SOUT H  
SUITE 1-A  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

9309 OLD KING RD SOUT H  
SUITE 1-A  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 20-2401394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MENCHERO, GLORIA  
9309 OLD KINGS RD SOUTH  
SUITE 1-A  
JACKSONVILLE, FL 32257 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: GLORIA MENCHERO

03/31/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: EDMONDS, DANA H  
Address: 9309-1A OLD KINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR (X) Delete  
Name: WILLIAM, CUTTS  
Address: 9309-1A OLD KINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES:

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: DANA H EDMONDS

MGR

03/31/2009

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