

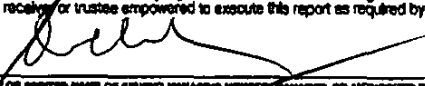
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Broad and Cassel->

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90067 001 ***110.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000090243				30010215	
1. Entity Name WALKER OF PALM COAST, LLC					
Principal Place of Business 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174		Mailing Address 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174			
2. Principal Place of Business		3. Mailing Address 380 JOHN ANDERSON JR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORMOND BEACH, FL			
Zip	Country	Zip 32176	Country	07152005 Chg-LLC CR2E083 (10/03)	4. FEI Number
5. Certificate of Status Desired ☒		6. Certificate of Status Desired ☒		Applied For Not Applicable	
7. Name and Address of Current Registered Agent D'SOUZA, GEMMA I 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTES: Registered Agent signature required when re-electing) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'SOUZA, V. JOHN 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'SOUZA, GEMMA I 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: 		7/17/05 (386)6777260			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			