

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090243

FILED
Mar 15, 2008
Secretary of State

Entity Name: WALKER OF PALM COAST, LLC

Current Principal Place of Business:

576 STERTHAUS AVENUE, SUITE A
ORMOND BEACH, FL 32174

New Principal Place of Business:

380 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

Current Mailing Address:

380 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'SOUZA, GEMMA I
576 STERTHAUS AVENUE, SUITE A
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

D'SOUZA, GEMMA I
380 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 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: J DSOUZA

03/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: D'SOUZA, V. JOHN
Address: 576 STERTHAUS AVENUE, SUITE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: D'SOUZA, GEMMA I
Address: 576 STERTHAUS AVENUE, SUITE A
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: D'SOUZA, V. JOHN
Address: 380 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR (X) Change () Addition
Name: D'SOUZA, GEMMA I
Address: 380 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

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: J DSOUZA

MGR

03/15/2008

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