

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004539

FILED
Apr 15, 2009
Secretary of State

Entity Name: WALKER AND COMPANY, LLC

Current Principal Place of Business:

420 SOUTH ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801

New Principal Place of Business:

8941 CHARLESTON PARK
ORLANDO, FL 32819

Current Mailing Address:

LARSON AND ALLEN
420 SOUTH ORANGE AVE. SUITE 500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-2135370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILHAUSEN, JEFFREY P ESQ
MILLER, SOUTH, MILHAUSEN & CARR, P.A.
2699 LEE ROAD, SUITE 120
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALKER, STANLEY E
Address: 7031 SOMERTON BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: WALKER, DEBRA C
Address: 7031 SOMERTON BLVD.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALKER, STANLEY E
Address: 8941 CHARLESTON PARK
City-St-Zip: ORLANDO, FL 32819

Title: MGR (X) Change () Addition
Name: WALKER, DEBRA C
Address: 8941 CHARLESTON PARK
City-St-Zip: ORLANDO, FL 32819

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: STANLEY E. WALKER

MGR

04/15/2009

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