2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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Entity Name
 WALKER MASONRY, LLC



Principal Place of Business

1017 SW 6TH STREET LIVE OAK, FL 32064 US Mailing Address

1017 SW 6TH STREET LIVE OAK, FL 32064

DO NOT WRITE IN THIS SPACE

02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3667091 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

WALKER, EUGENE 1017 SW 6TH ST LIVE OAK, FL 32064

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or priviled name of registered agents and title if applicable.	(NOTE: Registered Agent algneture required when rematating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, EUGENE 1017 SW 6TH STREET LIVE OAK, FL 32064				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000657203 03/14/07-80057-020 55.00			
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-SI-ZIP					
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability company or the receiver or trustee empowered to execute the stability of the stability company or the stability of t	ualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am a managing member or manager of the ute this report as required by Chapter 608, Florida Statutes.			

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