

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014546

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: RON A WALKER SUBCONTRACTOR LLC

## Current Principal Place of Business:

C/O RON A WALKER  
2029 ARBUCKLECREEK RD #18  
SEBRING, FL 33870

## New Principal Place of Business:

C/O RON A WALKER  
1726 RICHARD CIRCLE  
SEBRING, FL 33870

## Current Mailing Address:

C/O RON A WALKER  
P.O. BOX 371  
SEBRING, FL 33870

## New Mailing Address:

C/O RON A WALKER  
1726 RICHARD CIRCLE  
SEBRING, FL 33870

FEI Number: 23-0134773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, RON A  
2029 ARBUCKLECREEK RD #18  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

WALKER, RON A  
1726 RICHARD CIRCLE  
SEBRING, FL 33870 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: RON A WALKER

04/04/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WALKER, RON A  
Address: 2029 ARBUCKLECREEK RD #18  
City-St-Zip: SEBRING, FL 33870

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WALKER, RON A  
Address: 1726 RICHARD CIRCLE  
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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: RON A. WALKER

MM

04/04/2006

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