


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000018552**  
 1. Entity Name  
**WALKERBILT PROPERTY MANAGEMENT, L.L.C.**



Principal Place of Business 809 WALKERBILT ROAD #5 NAPLES, FL 34110	Mailing Address 809 WALKERBILT ROAD #5 NAPLES, FL 34110
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2381175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAMB, JEFFREY R  
 809 WALKERBILT RD.  
 #5  
 NAPLES, FL 34110

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J.R.L., L.L.C. 809 WALKERBILT RD. #5 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS WANDERON, L.L.C. 809 WALKERBILT RD. #5 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEBALIA, L.L.C. 809 WALKERBILT RD. #5 NAPLES, FL 34110
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

**SIGNATURE:**  **JEFFREY R. LAMB**      1/4/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #