

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 24 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 Chg-LLC CR2E083 (12/06)

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| DOCUMENT # L05000053548 1. Entity Name BEATRICE WALK, LLC | | | | | |
| Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210 | | | Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210 | | |
| 2. Principal Place of Business - No P.O. Box # 5851 TIMUGUANA Rd Suite, Apt. #, etc. 301 | | 3. Mailing Address 5851 TIMUGUANA Rd Suite, Apt. #, etc. 301 | | | |
| City & State JACKSONVILLE FL Zip 32210 | | City & State JACKSONVILLE FL Zip 32210 | | 4. FEI Number 20-3397185 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5851 TIMUGUANA Rd Suite 301 City JACKSONVILLE FL Zip Code 32210 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KENDALE G.P., INC. 4501 BEVERLY AVE JACKSONVILLE, FL 32210 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5851 TIMUGUANA Rd Suite 301 JACKSONVILLE FL 32210 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <u><i>Kenyon S Atlee</i></u> Kenyon S Atlee 4-25-07 904-384-6964 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |