


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 PM 12:14

DOCUMENT # L05000053548 1. Entity Name BEATRICE WALK, LLC	
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Principal Place of Business 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210	Mailing Address 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE

04162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3397185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ATLEE, KENYON S 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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04/25/08--01002--011 **1621.25

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDALE G.P., INC. 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210
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IN THIS SPACE**

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: Kenyon S. Atlee Kenyon S. Atlee 4/17/08 904 384 6964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #