

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

2006 SEP -1 P 3: 20

SECRETARY OF STATE



08142006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000079900					
1. Entity Name WALTON BUILDING SERVICES LLC					
Principal Place of Business 76 HICKORY LOOP FREEPORT, FL 32439			Mailing Address 76 HICKORY LOOP FREEPORT, FL 32439		
2. Principal Place of Business <i>76 Hickory loop Dr.</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Freeport FL</i>		City & State		4. FEI Number	
Zip <i>32439</i>	Country <i>Walton</i>	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CECIL, CATHERINE 76 HICKORY LOOP FREEPORT, FL 32439			7. Name and Address of New Registered Agent Name <i>no change of reg agent</i> Street Address (P.O. Box Number is Not Acceptable)  City <i>FL</i> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CECIL, CATHERINE 76 HICKORY LOOP FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HATTEN, ALVIN 76 HICKORY LOOP FREEPORT, FL 32439 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300079368233 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/01/06--01003--007 **80.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Catherine Cecil</i>		Date <i>8/13/06</i> <i>850-1054-1425</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

*#50-AR*  
*#5-CC*