


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000083223</b> 1. Entity Name <b>WALTMAN INDUSTRIES, LLC</b>	
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Principal Place of Business <b>1216 LEXIE DRIVE CRESTVIEW, FL 32536</b>	Mailing Address <b>1216 LEXIE DRIVE CRESTVIEW, FL 32536</b>
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**DO NOT WRITE IN THIS SPACE**



08292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>84-1690089</b>	Applied For <input type="checkbox"/> 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

**WALTMAN, KIMBERLY L  
1216 LEXIE DRIVE  
CRESTVIEW, FL 32536**

**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 Kimberly Waltman, Kimberly Waltman 8-27-2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTMAN, KIMBERLY L 1216 LEXIE DRIVE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTMAN, LAMAR N 1216 LEXIE DRIVE CRESTVIEW, FL 32536
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09/05/07-80008-005 50.00

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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:** Kimberly Waltman, Kimberly Waltman 8-27-2007, (850)689-3044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #