


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000093306
1. Entity Name
THE WALKER "C" RANCH, L.L.C.



Principal Place of Business
**3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE, FL 32257**

Mailing Address
**3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE



07022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3430956	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

**COLLINS, JOSEPH D
3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE, FL 32257**

**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 _____
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**


U00000767759
07/10/07-80015-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, JOSEPH D MR 3840 CROWN POINT ROAD, SUITE A JACKSONVILLE, FL 32257
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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:  **Joseph D. Collins, Manager** **7/6/07** **(904) 268-8500**

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