

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-01-2008 90031 004 ***138.75

DOCUMENT # L05000098615	
1. Entity Name WALK TO THE BEACH, L.L.C.	

Principal Place of Business 21 NE 49TH AVE OCALA, FL 34470	Mailing Address 21 NE 49TH AVE OCALA, FL 34470
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30008699

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02112008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent WISSINGER, CHRISTINE J 21 NE 49TH AVE OCALA, FL 34470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TALKER, RALPH H 6693 STONEYRILL LANE FRANKLIN, OH 45005	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WHITACRE, JOSEPH W 3112 PENROSE PLACE SPRINGFIELD, OH 45003	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HEALY, CHRISTOPHER P 1915 SW 34TH CT OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WISSINGER, CHRISTINE J 21 NE 49TH AVE OCALA, FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Christine J. Wissinger 4-30-08 352-854-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

P. 1

* * * Memory TX Result Report (Mar. 6. 2008 9:37AM) * * *

1) AMSOUTH BANK
2)

Date/Time: Mar. 6. 2008 9:36AM

30008699
#105000098615

File	No. Mode	Destination	Pg(s)	Result	Page Not Sent
2382	Memory TX	15134227882	P. 2	OK	

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection

Schedule K-1 (Form 1065)		2007		Form K-1		Partner's Share of Current Year Income, Deductions, Credits, and Other Items													
Department of the Treasury Internal Revenue Service		For calendar year 2007, or for year beginning 2007 ending 2007		653307		OMB No. 1545-0047													
Partner's Share of Income, Deductions, Credits, etc.				See page 2 of form and separate instructions.															
Part I Information About the Partnership				Part II Information About the Partner															
A Partnership's employer identification number 20-3777087 B Partnership's name, address, city, state, and ZIP code WALK TO THE BEACH LLC 21 NE 49TH AVENUE OCALA, FL 34470 C IRS Center where partnership filed return OGDEN D Check if this is a publicly traded partnership (PTP)				1 Ordinary business income (loss) (80) 2 Net rental real estate income (loss) (16,006) 3 Other net rental income (loss) 4 Guaranteed payments 5 Interest income 6a Ordinary dividends 6b Qualified dividends 7 Royalties 8 Net capital-gain income (loss) 9a Net long-term capital gain (loss) 9b Capital loss (20%) gain (loss) 9c Unrecaptured section 1223 gain 10 Net section 1223 gain (loss) 11 Other income (loss) 12 Section 179 deduction 13 Other deductions 14 Self-employment income (loss) A (80) 15 Credits 16 Foreign tax credit 17 Alternative minimum tax (AMT) item 18 Tax-exempt income and nondeductible expenses 19 Distributions 20 Other information															
E Partner's identifying number 290-42-5835 F Partner's name, address, city, state, and ZIP code RALPH TALKERS 6693 STONYRILL LANE FRANKLIN OH 45005 G ☒ General partner or LLC member H ☒ Disinterested partner I What type of entity is this partner? INDIVIDUAL J Partner's share of profit, loss, and capital <table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td>40,000 %</td> <td>40,000 %</td> </tr> <tr> <td>Loss</td> <td>40,000 %</td> <td>40,000 %</td> </tr> <tr> <td>Capital</td> <td>40,000 %</td> <td>40,000 %</td> </tr> </tbody> </table> K Partner's share of deduction on your return Depreciation \$ Qualified investment interest \$ Rollovers \$ L Partner's capital account summary Beginning capital account \$ 58,161 Capital contributed during the year \$ Current year partner's share (16,006) Withdrawals & distributions \$ Ending capital account \$ 42,075 M Tax basis ☒ GAAP ☐ Section 754(b) basis					Beginning	Ending	Profit	40,000 %	40,000 %	Loss	40,000 %	40,000 %	Capital	40,000 %	40,000 %	*See attached statement for additional information. FOR FILING			
	Beginning	Ending																	
Profit	40,000 %	40,000 %																	
Loss	40,000 %	40,000 %																	
Capital	40,000 %	40,000 %																	