


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90061 008 \*\*\*\*50.00

<b>DOCUMENT # L05000110254</b> 1. Entity Name <b>28 WALTER MARTIN ROAD, LLC</b>					
Principal Place of Business <b>24 WALTER MARTIN ROAD, SUITE 3 FT. WALTON BEACH, FL 32548</b>			Mailing Address <b>P.O. BOX 1269 FORT WALTON BEACH, FL 32549-1269</b>		
2. Principal Place of Business - No P.O. Box # <b>28a Walter Martin Rd</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Ft. Walton Bch, FL</b>			City & State Suite, Apt. #, etc.		
Zip <b>32548</b>		Country		4. FEI Number <b>13-4315681</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MEAD, MICHAEL WM. 24 WALTER MARTIN ROAD, SUITE 3 FT. WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name <b>Sheppard, Michael P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>28a Walter Martin Rd</b> City <b>Ft. Walton Bch</b> <b>FL</b> Zip Code <b>32548</b>		
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 <b>Michael Sheppard</b> DATE <b>01/16/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEAD, MICHAEL WM. 24 WALTER MARTIN ROAD, SUITE 3 FT. WALTON BEACH, FL 32548	<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	MGRM Sheppard 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sheppard, Michael 28a Walter Martin Rd Ft. Walton Bch, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: <b>Michael Sheppard</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			01/16/2007 (850) 244-8613 <small>Date Daytime Phone #</small>		