


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000113967 <small>1. Entity Name</small> WALKER A. WHITE L.L.C.					
<small>Principal Place of Business</small> 6003 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455		<small>Mailing Address</small> 6003 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455			
<small>2. Principal Place of Business</small> same		<small>3. Mailing Address</small> same			
<small>Suite, Apt. #, etc.</small> 		<small>Suite, Apt. #, etc.</small> 			
<small>City & State</small> 		<small>City & State</small> 		<small>4. FEI Number</small> 1st MOORE CR2E083 (10/05)	
<small>Zip</small> 		<small>Country</small> 		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> HERB, JOYCE L 6003 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<small>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.</small>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			000000466634 03/23/06 80017-018 50.00		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRM WHITE, WALKER A 6003 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	T HERB, JOYCE L 6003 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<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 Section 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: Joyce L. Herb Joyce L. Herb 3/14/06 772-260-7027