


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90020 029 ****50.00

DOCUMENT # L05000115385

1. Entity Name
WALNUT STREET, LLC



Principal Place of Business Mailing Address
 18799 S.W. 60TH STREET 18799 S.W. 60TH STREET
 DUNNELLON FL 34432 DUNNELLON FL 34432



2. Principal Place of Business 3. Mailing Address
20782 Walnut St *20782 Walnut St*

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State
Dunnellon, FL *Dunnellon, FL*

4. FEI Number Applied For
20-3795253 Not Applicable

Zip Country Zip Country
34431 *Marion* *34431* *Marion*

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SOFFE, VIOLA
18799 S.W. 60TH STREET
DUNNELLON FL 34432

7. Name and Address of New Registered Agent
 Name *SOFFE, VIOLA*
 Street Address (P.O. Box Number is Not Acceptable)
18755 SW 60 St
 City *Dunnellon,* **FL** Zip Code *34432*

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOFFE, PAUL III 18799 S.W. 60TH STREET DUNNELLON FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18755 SW 60 St</i> <i>Dunnellon, FL 34432</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOFFE, VIOLA 18799 S.W. 60TH STREET DUNNELLON FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18755 SW 60 St</i> <i>Dunnellon, FL 34432</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	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 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: *Viola M Soffe* Date: *4/6/06* Daytime Phone #: *352-465-8000*