

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State



DOCUMENT # L05000115385

1. Entity Name
WALNUT STREET, LLC

Principal Place of Business
**20782 WALNUT ST
DUNNELLON FL 34431**

Mailing Address
**20782 WALNUT ST
DUNNELLON FL 34431**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State

City & State

4. FEI Number
20-3795253

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOFFE, VIOLA
18755 SW 60TH ST
DUNNELLON FL 34432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM Delete
SOFFE, PAUL III
18755 SW 60TH ST
DUNNELLON FL 34432

Change Addition

000000632986
02/21/07-80044-014 50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM Delete
SOFFE, VIOLA
18755 SW 60TH ST
DUNNELLON FL 34432

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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 Soffe*

2/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #