



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90196 004 ****50.00

DOCUMENT # L06000008959 1. Entity Name D R WALKER ENTERPRISES, LLC					
Principal Place of Business 485 N. KEPLER DELAND, FL 32724			Mailing Address 485 N. KEPLER DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box # 1275 Spring Garden Ranch Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State DeLeon Springs, FL		City & State		4. FEI Number 20-4059010	
Zip 32130		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALSOP, DONNA C 55914 BAY ROAD ASTOR, FL 32102				7. Name and Address of New Registered Agent Name Donna C. Alsop Street Address (P.O. Box Number is Not Acceptable) 1275 Spring Garden Ranch Rd. City DeLeon Springs FL Zip Code 32130	
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 <u><i>Donna C. Alsop</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/24/2007</u>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, DONALD R 485 N. KEPLER DELAND, FL 32724	<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 WALKER, CHARLENE S 485 N. KEPLER DELAND, FL 32724	<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
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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>DR Walker</i></u>				Date <u>1/24/07</u> Daytime Phone # <u>386-985-0475</u>	