2008 LIMITED LIABILITY COMPANY

SIGNATURE:

FILED **ANNUAL REPORT** Jan 16, 2008 08:00 A] DOCUMENT # L06000017731 **Secretary of State** 1. Entity Name MATTHEW WALKER, LLC Principal Place of Business Mailing Address 115 KEY HAVEN CT. 115 KEY HAVEN CT. TAMPA, FL 33606 TAMPA, FL 33606 01112008 No Chg-LLC CR2E083 (12/07) Applied For 4. FEI Number 06-1796131 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, MATTHEW DO NOT WRITE 115 KEY HAVEN CT. **TAMPA, FL 33606** IN THIS SPACE 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 SIGNATURE .: (NOTE: Registered Agent algoature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRM** TITLE WALKER, MATTHEW NAME STREET ADDRESS 115 KEY HAVEN CT. CITY-ST-ZIP **TAMPA, FL 33606** TITLE WALKER, MARY KAY NAME 01/17/08-80050-004 138.75 115 KEY HAVEN CT. STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33606** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPAC NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 acculimited liability company or the receiver gnature shall have the same legal effect as if made under oath; that I am a managing member or manager of the regito execute this report as required by Chapter 608, Florida Statutes.