2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029836

Entity Name: WALCAID, LLC

Address:

3241 BUCKHORN DRIVE

City-St-Zip: CLEARWATER, FL 33761 US

FILED Jan 06, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|--|---|--|
| | AVENUE WES | ST | | |
| SUITE 101 | I TON, FL 34205 | 5 US | | |
| | , | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | AVENUE WES | ST | | |
| SUITE 101 BRADENT | i TON, FL 34205 | 5 US | | |
| FEI Number | : 59-1504293 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 802 11TH | , WALTERS, H STREET WES ON, FL 34205 | HELD & JOHNSON, P.A. ST 17734 US | | |
| | named entity : e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both |
| SIGNATUI | RE: | | | |
| | Electror | nic Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () BLALOCK, ROI 6705 ARBOR (BRADENTON, I | AKS DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | BLALOCK, DAN | NUE WEST SUITE 101 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | HEVERAN, EDI 611 ROYAL DO | Delete NARD DRNOCH COURT NGS, FL 34688 US | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | MGRM () HEVERAN, MAI |) Delete RGARET E | Title: Name: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT G. BLALOCK MGRM 01/06/2009