



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000030970</b> 1. Entity Name <b>WALCO PROP, LLC</b>						<div style="text-align: right;">             2007 SEP 20 PM 2:02              SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </div> 	
Principal Place of Business <b>9490 BENCHMARK LANE CINCINNATI, OH 45242 US</b>				Mailing Address <b>9490 BENCHMARK LANE CINCINNATI, OH 45242 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country				City & State Zip      Country			
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>LAVENDER, KYLE 873 WESTBAY DRIVE 105 LARGO, FL 33770</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____							
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LANGHORNE, CAROLEE 9490 BENCHMARK LANE CINCINNATI, OH 45242</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>700109887757</b>  <b>09/25/07--01024--016 **50.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
<b>SIGNATURE:</b> <i>Carolee Langhorne</i>				Date: <b>7-25-07</b> Daytime Phone #: <b>513-793-6655</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							