

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040223

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: WALTER PROFESSIONAL GROUP, LLC

**Current Principal Place of Business:**

1990 WEST NEW HAVEN BLVD.  
SUITE 203  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1990 WEST NEW HAVEN BLVD.  
SUITE 203  
MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number: 02-0775181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITAKER, RICHARD E  
301 EAST PINE STREET  
SUITE 150  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALTER, CATHERINE B  
Address: 1990 WEST NEW HAVEN BLVD., SUITE 203  
City-St-Zip: MELBOURNE, FL 32904 US

Title: MGRM ( ) Delete  
Name: JOHN, WALTER T  
Address: 1990 WEST NEW HAVEN BLVD., SUITE 203  
City-St-Zip: MELBOURNE, FL 32904

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CATHERINE B. WALTER      MGRM      03/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date