

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111935

Entity Name: WALKERS CAY, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

601 SOUTH FREMONT AVE.  
TAMPA, FL 33606

**New Principal Place of Business:**

701 S. HOWARD AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

601 SOUTH FREMONT AVE.  
TAMPA, FL 33606

**New Mailing Address:**

701 S. HOWARD AVENUE  
TAMPA, FL 33606

FEI Number: 20-5916328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

O'LEARY, D. MICHAEL  
101 E. KENNEDY BLVD., SUITE 2700  
TAMPA, FL 33602      US

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

HUGHES, GREGORY L  
701 S. HOWARD AVENUE  
TAMPA, FL 33606      US

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: GREGORY L. HUGHES

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM      ( ) Delete  
Name: HUGHES, GREGORY L  
Address: 601 SOUTH FREMONT AVENUE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: MM      (X) Change ( ) Addition  
Name: HUGHES, GREGORY L  
Address: 701 S. HOWARD AVENUE  
City-St-Zip: TAMPA, FL 33606

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: GREGORY L. HUGHES

MM

05/01/2009

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