

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011798

FILED
Apr 29, 2008
Secretary of State

Entity Name: WALKER CLARITY HOLDINGS, LLC

Current Principal Place of Business:

95020 SPINNAKER COURT
FERNANDINES BEACH, FL 32034

New Principal Place of Business:

95020 SPINNAKER COURT
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

95020 SPINNAKER COURT
FERNANDINES BEACH, FL 32034

New Mailing Address:

95020 SPINNAKER COURT
FERNANDINA BEACH, FL 32034 US

FEI Number: 20-8356934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, DAVID W
95020 SPINNAKER COURT
FERNANDINES BEACH, FL 32034 US

Name and Address of New Registered Agent:

WALKER, DAVID W
95020 SPINNAKER COURT
FERNANDINA BEACH, FL 32034 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PTD () Change (X) Addition
Name: WALKER, DAVID W
Address: 95020 SPINNAKER COURT
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VSD () Change (X) Addition
Name: WALKER, BARBARA T
Address: 95020 SPINNAKER COURT
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: DAVID W. WALKER

PTD

04/29/2008

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