

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90022 014 \*\*\*143.75

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04282008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000070119</b> 1. Entity Name <b>ANDERSON &amp; WALKER, LLC</b>					
Principal Place of Business <b>1217 AIRPORT RD. 418 DESTIN, FL 32541</b>			Mailing Address <b>1217 AIRPORT RD. 418 DESTIN, FL 32541</b>		
2. Principal Place of Business - No P.O. Box # <b>135 Staff Dr.</b>		3. Mailing Address <b>135 Staff Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Fort Walton Beach, FL</b>		City & State <b>Fort Walton Bch. FL</b>		4. FEI Number <b>26-0622441</b>	
Zip <b>32548</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32548</b>		Country <b>USA.</b>			
6. Name and Address of Current Registered Agent  <b>WALKER, MALCOLM M III 1217 AIRPORT ROAD 418 DESTIN, FL 32541</b>			7. Name and Address of New Registered Agent Name <b>Richard L. Spence</b> Street Address (P.O. Box Number is Not Acceptable) <b>216 Hudson Cir.</b> City <b>Niceville</b> <b>FL</b> Zip Code <b>32578</b>		
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 <u>Richard L. Spence</u> <b>UCC. 1-308</b> <b>4-30-08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</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	MGRM WALKER, MALCOLM M III 1217 AIRPORT ROAD #418 DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Richard L. Spence 216 Hudson Cir Niceville FL 32578
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERSON, JEFFREY D 1217 AIRPORT ROAD #418 DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Richard L. Spence</u> <b>UCC. 1-308</b> <b>4-30-08</b> <b>850-240-7797</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					