

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041412

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: JAMES, BROWN, AND WALKER LLC

**Current Principal Place of Business:**

1205 PINE VALLEY LANE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2251  
TITUSVILLE, FL 32781

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BROWN, KENNETH  
1205 PINE VALLEY LANE  
TITUSVILLE, FL 32780 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: MGR ( ) Delete  
Name: BROWN, KENNETH  
Address: 1205 PINE VALLEY LANE  
City-St-Zip: TITUSVILLE, FL 32780

Title: MGR ( ) Delete  
Name: JAMES, ERNESTINE  
Address: P.O. BOX 2251  
City-St-Zip: TITUSVILLE, FL 32781

Title: MGR ( ) Delete  
Name: WALKER, GLENDA  
Address: P.O. BOX 1095  
City-St-Zip: LECANTO, FL 34460

**ADDITIONS/CHANGES:**

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

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: KENNETH BROWN

MGR

04/08/2009

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