2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# L08000071910

Entity Name: WALKEN, LLC

Current Principal Place of Business:

6700 WINKLER ROAD
SUITE 4
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6700 WINKLER ROAD
SUITE 4
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORAGH, PETE
6700 WINKLER ROAD
SUITE 4
FORT MYERS, FL 33919 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: WALKER, JOSEPH P
Address: 6700 WINKLER ROAD SUITE 4
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Delete
Name: HAIKEN, MICHAEL
Address: 6700 WINKLER ROAD SUITE 4
City-St-Zip: FORT MYERS, FL 33919

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

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: LEVINE, STEVE E
Address: 6700 WINKLER ROAD, SUITE 4
City-St-Zip: FORT MYERS, FL 33919

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: STEVE LEVINE MGR 01/17/2009

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