

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90171 007 ****50.00

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DOCUMENT # L96000000096 1. Entity Name WALTERS FLORIDA INVESTMENTS, L.C.					
Principal Place of Business P.O. BOX 9087 WINTER HAVEN, FL 33883			Mailing Address P.O. BOX 9087 WINTER HAVEN, FL 33883		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KIMBERLEE WALTERS (NAME CHANGE ONLY) 5001 ELOISE LOOP RD. WINTER HAVEN, FL 33884				Name KIMBERLEE THOMPSON Street Address (P.O. Box Number is Not Acceptable) SAME City L FL Zip Code	
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><i>Kimberlee Thompson</i></u> 6-2-06 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALTER, KIMBERLEE P.O. BOX 9087 WINTER HAVEN, FL 33883 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	GFO, MGRM THOMPSON, KIMBERLEE P.O. BOX 9087 WINTER HAVEN, FL 33883 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WALTERS, GLENN P.O. BOX 9087 WINTER HAVEN, FL 33883 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, MGR WALTERS, GLENN P.O. BOX 9087 WINTER HAVEN, FL 33883 <input checked="" 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	
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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: <i>Kimberlee Thompson</i> 6-2-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					