

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000177

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** PANACEA PORTFOLIO, LIMITED COMPANY

**Current Principal Place of Business:**

17 ALBIN DR  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1091  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

**FEI Number:** 59-3385819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WALKER, WILLIAM H  
17 ALBIN DRIVE  
CRAWFORDVILLE, FL 32327 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:** MGRM  
**Name:** WALKER, JAMES P  
**Address:** 2724 LOMBARDY AVENUE  
**City-St-Zip:** MEMPHIS, TN 381111922

**Title:** MGRM  
**Name:** WALKER, WILLIAM H  
**Address:** 17 ALBIN DR  
**City-St-Zip:** CRAWFORDVILLE, FL 37327 US

**Title:** MGRM  
**Name:** WALKER, DAVID B  
**Address:** 2290 YORK AVE  
**City-St-Zip:** MEMPHIS, TN 38104 US

I hereby 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:** WILLIAM H. WALKER

MGRM

01/09/2012

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