


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000006823</b> 1. Entity Name <b>SHAWALKER LLC</b>	
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Principal Place of Business <b>2762 WEST BEAVER STREET JACKSONVILLE, FL 32254</b>	Mailing Address <b>2762 WEST BEAVER STREET JACKSONVILLE, FL 32254</b>
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07072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3604137</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>FREEDMAN, NORMAN P P.A. 525 NORTH NEWMAN STREET JACKSONVILLE, FL 32202</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM W. B. DAIRY INC PO BOX 1259 HILLIARD, FL 32046</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHAW, ROY 2762 WEST BEAVER STREET JACKSONVILLE, FL 32220</b>
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07/18/05-80007-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

Date

Daytime Phone #

*Roy Shaw* **Roy Shaw** 7-7 -05 904-388-9982