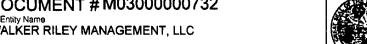
2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT





FILED Apr 10, 2006 8:00 am Secretary of State

Inc

| 1. Entity Name WALKER RILEY MANAGEMENT, LLC | | | | | | | | 0044 002 ****5 | |
|--|----------------|---|--|-------------------------|---|---------------------------|-------------------------------------|---|-----------------------------|
| Principal Place 249 HANNA I MASON, MI 4 | ROAD | S | Mailing Address P.O. BOX 100 MASON, MI 48854 | | | | | | |
| 2. Principal P | lace of Busin | ess | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 03222006 | Chg-LLC | CR2E083 (11/05) | |
| City & State | | | City & State | | | 4. FEI Numl | | ├ | pplied For ot Applicable |
| Zip | Country | | Zip Coun | | ntry | 5. Certificat | e of Status Desired | S5.00 Additional Fee Required | |
| Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| FLORIDA CHOICE MANAGEMENT SERVICE, INC. | | | | | Name Florida Choice Management Services, | | | | |
| 3501 WES SUITE 130 KISSIMME | T VINE S | TREET | Street Address | | Street Address | (P.O. Box Numl 0 Champ | per is Not Acceptable Dions Gate | Blvd., S | te 311 |
| | | | | | mpions | Gate | FL Zip Coo | | |
| 8. The above the obligati | ions of regist | y submits this statement for ered agent. On the statement of the statement of the statement agent as | 000e1 (PO | A) | | ered agent, or b | | | , and accept |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | | check payable to Department of Stat | te |
| 9. | | MANAGING MEMBER | RS/MANAGERS | 10. | | ······ | ADDITIONS/ | CHANGES | |
| TITLE RAME STREET ADDRESS CITY-ST-ZIP | 249 HAN | , MARIE D VA ROAD MI 48854 | ☐ Delete | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | : TITL NAM : STRI | E | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | ☐ Change | Addition . |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Change | Addition Addition |
| indicated | on this repo | e information supplied with rt is true and accurate and t ny or the receiver or trustee | that my signature shall have | the sam | e legal effect as i | f made under oa | th; that I am a manag | rther certify that the inf ing member or manag | ormation er of the |

April 5, April 5, 2006 (517) 623-6660 Daytime Phone #