


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2006 90044 002 \*\*\*\*50.00

<b>DOCUMENT # M03000000732</b>	
1. Entity Name <b>WALKER RILEY MANAGEMENT, LLC</b>	

Principal Place of Business <b>249 HANNA ROAD MASON, MI 48854</b>	Mailing Address <b>P.O. BOX 100 MASON, MI 48854</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>30-0153144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

8. Name and Address of Current Registered Agent <b>FLORIDA CHOICE MANAGEMENT SERVICE, INC. 3501 WEST VINE STREET SUITE 130 KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent Name <b>Florida Choice Management Services, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>8390 Champions Gate Blvd., Ste 311</b> City <b>Champions Gate</b> <b>FL</b> Zip Code <b>33896</b>	
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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 *Amanda Crassey (POA)* (NOTE: Registered Agent signature required when reinstating) DATE 3/22/06

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, MARIE D 249 HANNA ROAD MASON, MI 48854 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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: *Marie D Walker* April 5, 2006 (517) 623-6660

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #