

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001072

Entity Name: WALKER HOSPITALITY, LLC

FILED  
Jul 09, 2006  
Secretary of State

**Current Principal Place of Business:**

965 SCHERER WAY  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

965 SCHERER WAY  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 27-0021522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WALKER, CAMILLE  
965 SCHERER WAY  
OSPREY, FL 34229      US

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      ( ) Delete  
Name: WALKER, CAMILLE  
Address: 965 SCHERER WAY  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAMILLE WALKER

OWNE

07/09/2006

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