


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000878	
1. Entity Name INEZ B. WALKER FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 2895 MERCY DR. ORLANDO, FL 32808	Mailing Address 2895 MERCY DR. ORLANDO, FL 32808
--	--

DO NOT WRITE IN THIS SPACE



04142006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3382882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, INEZ B 2895 MERCY DR. ORLANDO, FL 32808	DO NOT WRITE IN THIS SPACE
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. (X) familiar with, and accept the obligations of registered agent.	

SIGNATURE <i>Inez B. Walker</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>4-21-06</i> <small>DATE</small>
---	---------------------------------------

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1100000535339
 05/08/06-80049-004 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	WALKER, INEZ B
STREET ADDRESS	2895 MERCY DR.
CITY-ST-ZIP	ORLANDO, FL 32808
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	
SIGNATURE: <i>Inez B. Walker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<i>4-21-06</i> <small>Date</small>
	<small>Daytime Phone #</small>