


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 30, 2007 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



01182007 No Chg-LP CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE Inez B. Walker DATE 4-26-07

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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**

U00000747777
05/17/07-80039-016 500.00

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: Inez B. Walker DATE 4-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER