


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008427 AT

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

03 MAY -5 PM 7:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

R5-JH



Principal Place of Business 2895 MERCY DR. ORLANDO FL 32808	Mailing Address 2895 MERCY DR. ORLANDO FL 32808
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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DUE BY MAY 1, 2003	
4. FEI Number 59-3382882	<input type="checkbox"/> Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$297,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WALKER, INEZ B	STREET ADDRESS	300018006453
NAME	2895 MERCY DR.	CITY-ST-ZIP	05/05/03--01055--010 **526.25
STREET ADDRESS	ORLANDO FL 32808	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **SIGNATURE REQUIRED** *Inez B. Walker* Date *4/28/03* Daytime Phone # *407-299-4126*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER