

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001128
1. Entity Name
WALKER INVESTMENT GROUP, LTD.

Principal Place of Business
**2143 GOLDEN EAGLE DRIVE
TALLAHASSEE FL 32312**

Mailing Address
**2143 GOLDEN EAGLE DRIVE
TALLAHASSEE FL 32312-4038**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3443682** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALKER, ROBERT E
2143 GOLDEN EAGLE DRIVE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,980,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 # | WALKER, ROBERT E |
| NAME | 2143 GOLDEN EAGLE DRIVE |
| STREET ADDRESS | TALLAHASSEE FL 32312 |
| CITY - ST - ZIP | |
| DOCUMENT # | WALKER, JANET M |
| NAME | 2143 GOLDEN EAGLE DRIVE |
| STREET ADDRESS | TALLAHASSEE FL 32312 |
| CITY - ST - ZIP | |
| DOCUMENT # | CHAMBERS, CAROLE W |
| NAME | 8810 LAUREL GROVE LANE |
| STREET ADDRESS | KNOXVILLE TN 37922 |
| CITY - ST - ZIP | |
| DOCUMENT # | CHAMBERS, G. EDWARD |
| NAME | 8810 LAUREL GROVE LANE |
| STREET ADDRESS | KNOXVILLE TN 37922 |
| CITY - ST - ZIP | |
| DOCUMENT # | WUNDERLICH, DIANE W |
| NAME | 1844 GRASSINGTON WAY |
| STREET ADDRESS | JACKSONVILLE FL 32223 |
| CITY - ST - ZIP | |
| DOCUMENT # | WUNDERLICH, ROBERT L |
| NAME | 1844 GRASSINGTON WAY |
| STREET ADDRESS | JACKSONVILLE FL 32223 |
| CITY - ST - ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|-----------------|------------------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | 300003213623--3 |
| | -04/19/00--01002--016 |
| | ****526.25 ****526.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |

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: _____ **SIGNATURE REQUIRED** _____ **8-29-00** **408-893-1353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **ROBERT E. WALKER** Date Daytime Phone #

CR2E003 (9/99)