

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000878

**Entity Name:** INEZ B. WALKER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2895 MERCY DR.  
ORLANDO, FL 32808

**Current Mailing Address:**

POST OFFICE BOX 580099  
ORLANDO, FL 32858

**FEI Number:** 59-3382882

**Certificate of Status Desired:** Yes

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

WALKER, INEZ B  
2895 MERCY DR.  
ORLANDO, FL 32808 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

**General Partner Detail :**

Document #

Name WALKER, INEZ B

Address 2895 MERCY DR.

City-State-Zip: ORLANDO FL 32808

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** INEZ B WALKER

**REGISTERED AGENT**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date