

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC -5 PM 2:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A-1586					
1. Name of Limited Partnership Walk- Chyk, Ltd.					
2. Principal Office Address 26 C+5 Lane		3. Mailing Office Address 26 C+5 Lane		4. Date Formed or Registered To Do Business in Florida 6/16/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3657807	
City & State Monticello, FL		City & State Monticello, FL		Applied For Not Applicable	
Zip 32344		Country Jefferson		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 32344		Country Jefferson		7a. Capital Contributions as shown on Record:	
8. Name and Address of Current Registered Agent Name T. Buckingham Bird Street Address (P.O. Box Number is Not Acceptable) 385 North Jefferson St. Suite, Apt. #, Etc.		7b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00		FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
City Monticello		State FL		Zip Code 32344	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) T. Buckingham Bird DATE 11/5/01					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s) Charlie Walker Sylvia A. Walker		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 26 C+5 Lane 26 C+5 Lane		City, State and Zip Code Monticello, FL 32344 Monticello, FL 32344	
				10a. Registration Document Number 400004739684--7 -12/26/01--01091--010 ***\$50.00 ***\$50.00	
REINSTATEMENT 2001 CWS					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE Sylvia A. Walker DATE 11/5/01					
Typed or Printed Name of General Partner, Signing Form Sylvia A. Walker Telephone Number 1-850-997-3140					