

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 10 AM 9:09

<b>DOCUMENT # A03000000056</b> 1. Entity Name WALKER III FAMILY PARTNERSHIP OF FLORIDA, LTD.			
Principal Place of Business 280 SANFORD AVE. PALM BEACH, FL 33480		Mailing Address 280 SANFORD AVE. PALM BEACH, FL 33480	
2. Principal Place of Business 9009 Potomac Station Ln		3. Mailing Address 9009 Potomac Station Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Potomac, MD		City & State Potomac, MD	
Zip 20854		Zip 20854	
Country		Country	
4. FEI Number 71-0922956		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  O'CONNELL, BRIAN M ESQ. 515 NORTH FLAGLER DRIVE, SUITE 1800 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L03000000234 WALKER MANAGEMENT, L.L.C. 280 SANFORD AVE. PALM BEACH, FL 33480	STREET ADDRESS CITY-ST-ZIP	9009 Potomac Station Ln Potomac, MD 20854
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	800068540718 03/23/06 01050 002 **500.00
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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:		3/8/06 210-8483557	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE