


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

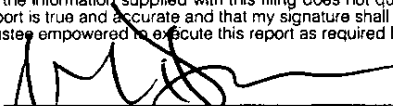
**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000000056</b> 1. Entity Name WALKER III FAMILY PARTNERSHIP OF FLORIDA, LTD.					
Principal Place of Business 9009 POTOMAC STATION LN POTOMAC, MD 20854			Mailing Address 9009 POTOMAC STATION LN POTOMAC, MD 20854		
2. Principal Place of Business - No P.O. Box # 11811 Glen Mill Rd Suite, Apt. #, etc.		3. Mailing Address 11811 Glen Mill Rd Suite, Apt. #, etc.			
City & State Potomac, MD		City & State Potomac, MD		4. FEI Number 71-0922956	
Zip 20854		Country		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 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. 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, 2007, 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 #	L03000000234		STREET ADDRESS	11811 Glen Mill Rd	
NAME	WALKER MANAGEMENT, L.L.C.		CITY-ST-ZIP	Potomac, MD 20854	
STREET ADDRESS	9009 POTOMAC STATION LN		900095698739 04/03/07--01054--012 **500.00		
CITY-ST-ZIP	POTOMAC, MD 20854				
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CITY-ST-ZIP					

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:**  3/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE