

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 JUN 10 AM 9:16

DOCUMENT # A03000000056

1. Entity Name
 WALKER III FAMILY PARTNERSHIP OF FLORIDA, LTD.



Principal Place of Business
 11811 GLEN MILL RD
 POTOMAC, MD 20854

Mailing Address
 11811 GLEN MILL RD
 POTOMAC, MD 20854



2. Principal Place of Business - No P.O. Box #
 16 New Seabury Cir
 Suite, Apt. #, etc.

3. Mailing Address
 16 New Seabury Cir
 Suite, Apt. #, etc.

03252008 Chg-LP CR2E003 (12/06)

City & State
 West Palm Beach, FL
 Zip
 33401
 Country
 USA

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 West Palm Beach, FL
 Zip
 33401
 Country
 USA

4. FEI Number
 71-0922956
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 L03000000234
 WALKER MANAGEMENT, L.L.C.
 11811 GLEN MILL RD
 POTOMAC, MD 20854

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
 16 New Seabury Cir
 West Palm Beach, FL 33401

DOCUMENT #
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS
 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:

[Signature] M. Howard Walker 4/8/08 561248-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE