

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000736

1. Entity Name
WALKER FAMILY PROPERTIES, LTD.



FILED

04 MAY 28 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**561 CHIPPING LANE
LONGBOAT KEY, FL 34228**

Mailing Address
**561 CHIPPING LANE
LONGBOAT KEY, FL 34228**

2. Principal Place of Business
319 W ROYAL FLAMINGO DRIVE
Suite, Apt. #, etc.

3. Mailing Address
319 W ROYAL FLAMINGO DRIVE
Suite, Apt. #, etc.



04102004 Chg-LP CR2E003 (10/03)

City & State
SARASOTA, FL
Zip
34236

Country

City & State
SARASOTA, FL
Zip
34236

Country

4. FEI Number
86=1065054

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, KIM D
561 CHIPPING LANE
LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent

Name
WALKER, KIM D

Street Address (P.O. Box Number is Not Acceptable)

319 W ROYAL FLAMINGO DRIVE

City
SARASOTA

FL Zip Code
34236

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

9. Capital Contributions
as Shown on record. **\$85,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **85,000.00**

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 # **L01000022826**
NAME **WALKER COMMUNITIES, LLC**
STREET ADDRESS **561 CHIPPING LANE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **319 W ROYAL FLAMINGO DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

STREET ADDRESS **700037847517**
CITY-ST-ZIP **06/10/04--01013--028--**526.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

K D Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-04
Date

Daytime Phone #

STAPLE CHECK HERE