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

STAPLE CHECK HERE

## FILED May 02, 2006 08:00 AN Secretary of State

(818)385-0005

DOCUMENT # A0500000559  1. Entity Name WILLIAMS WALK-JACKSONVILLE LIMITED PARTNERSHIP					Se	ecretary of State	
Principal Place of Business 16133 VENTURA BLVD., SUITE 1400 ENCINO, CA 91436		Mailing Address 16133 VENTURA BLVD., SUITE 1400 ENCINO, CA 91436					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04212006 Chg-LP	CR2E003 (11/05)	
City & State		City & State	City & State		4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country.		5. Certificate of Status Desire	d \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New	w Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
8. The above the obligat	named entity submits this statement ions of registered agent.	t for the purpose of changing it	ts register	ed office or register	red agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE - Signature, typed or prated name of registered agent and talle if applicable.				<del>-</del>	*	DATE	
	FILE NO After May 1,	DW!!! FEE IS \$500.00 , 2006, Fee will be \$90					
	NOTE: General Partners I	MAY NOT be changed on	NTITY N	lust be REGIST 1; an amendmer	TERED AND ACTIVE WITH nt must be filed to change a	THIS OFFICE.  I general partner.	
12. GENERAL PARTNER INFORMATION			13,		ADDRESS CHANGES ONLY		
DOCUMENT # NAME	NT #   L0400052070   FL HHPII GP, L.C.			EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	1		СЛУ	/-ST-ZIP	000000557643 <del>05/17/06-80059-012-500.00</del>		
DOCUMENT # NAME			STRI	CET ADDRESS	0071170	D_00N734_NTV 9617*MA	
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP			
DOCUMENT # NAME			STRI	EET ADDRESS			
Street Adoress City-St-Zip			СІТҮ	'- ST - ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CULA	'-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	- ST - ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS City-St-Zip			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 it mude 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 611. Florida Statutes							