

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

DOCUMENT # A05000000559

1. Entity Name  
WILLIAMS WALK-JACKSONVILLE LIMITED  
PARTNERSHIP



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212007

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-2524130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331

**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, 2007, 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 # L04000052070  
NAME FL HHPH GP, L.C.  
STREET ADDRESS 16133 VENTURA BLVD., SUITE 1400  
CITY-ST-ZIP ENCINO, CA 91436

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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: Mark A. Porath**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/22/2007

Date

(818) 385-0005

Daytime Phone #

FILED

07 JUN 13 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE