



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 5, 2007**

DOCUMENT # A05000002243 1. Entity Name WALKER BAGWELL PROPERTIES, LTD	
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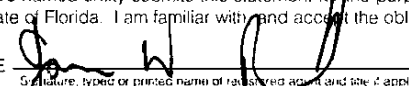
Principal Place of Business 100 NORTH ORLANDO AVE., 2ND FLOOR COCOA BEACH FL 32931	Mailing Address 100 NORTH ORLANDO AVE., 2ND FLOOR COCOA BEACH FL 32931
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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6. Name and Address of Current Registered Agent BAGWELL, JAMES W 100 NORTH ORLANDO AVE., 2ND FLOOR COCOA BEACH FL 32931

FILED
2007 AUG -8 AM 10: 29
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2nd MOORE CR2E003 (4/07)
4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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  **7/30/07**
Signature, typed or printed name of registered agent and date if applicable

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. ☐

File Now!!! Fee is \$900.00 • Due By September 5, 2007

**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	BAGWELL, JAMES W
STREET ADDRESS	3060 NORTH ATLANTIC AVE. #105
CITY-ST-ZIP	COCOA BEACH FL 32931
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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 68C, Florida Statutes

SIGNATURE:  **JAMES W. BAGWELL** **7/30/07** **321-868-3151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE