2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A16251

1. Entity Name
WALL BOULEVARD ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
41 W. I-65 SERVICE RD N. 3RD FLOOR, COLONIAL BANK CENTRE MOBILE, AL 36608-1201	P.O. BOX 160306 MOBILE, AL 36616
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01122005 Chg-LP CR2E003 (10/03)

4. FEI Number 63-0864495 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503-4350	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 ______________________ DATE

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

9. Capital Contributions as Shown on record.	$3,300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GP9800001084	STREET ADDRESS	
NAME	MITCHELL EQUITIES		
STREET ADDRESS	3298 SUMMIT BLVD #18	CITY-ST-ZIP	
CITY-ST-ZIP	PENSACOLA, FL 325034350		
DOCUMENT #		STREET ADDRESS	U00000367360
NAME			
STREET ADDRESS		CITY-ST-ZIP	05/16/05-80033-011 526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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: [signature] Sheila Quina 4-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #