2006 LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE

FILED Due By September 6, 2006 Sep 06, 2006 08:00 AN **DOCUMENT # A16251** Secretary of State 1. Entity Name WALL BOULEVARD ASSOCIATES, LTD. Principal Place of Business Malling Address 41 W. I-65 SERVICE RD N. P.O. BOX 160306 3RD FLOOR, COLONIAL BANK CENTRE MOBILE, AL 36616 MOBILE, AL 36608-1201 08302006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0864495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMPUS, JOSEPH J III DO NOT WRITE 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503-4350 IN THIS SPACE 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. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE 18 \$500.00 Due by September 6, 2006 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # GP9800001084 MITCHELL EQUITIES MALEF STREET ADORESS 3298 SUMMIT BLVD #18 CITY-ST-ZIP PENSACOLA, FL 325034350 U00000576264 09/08/06-80004-nna son on DOCUMENT# NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME DO NOT WRITE STREET ADORESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is frue 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