

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A31911	
1. Entity Name WALKER FAMILY LIMITED PARTNERSHIP	
Principal Place of Business 2155 MCMULLEN BOOTH RD CLEARWATER, FL 33759	Mailing Address 2155 MCMULLEN BOOTH RD CLEARWATER, FL 33759



07032006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3080978	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALKER, DAVID R 2114 MEADOWBROOK DR. CLEARWATER, FL 33758

**DO NOT WRITE
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

7/1/06
DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

+ 8.75 = 508.75

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	WALKER, DAVID R
STREET ADDRESS	2114 MEADOWBROOK DR.
CITY - ST - ZIP	CLEARWATER, FL 33757
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000568070
07/06/06-800000-005 508.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/2/06
Date

727 669 7036
Daytime Phone #

STAPLE CHECK HERE