2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007 DOCUMENT #A31911 1. Entity Name WALKER FAMILY LIMITED PARTNERSHIP

FILED Jul 17, 2007 08:00 AM Secretary of State

			411	
Principal Place of Business 2155 MCMULLEN BOOTH RD CLEARWATER, FL 33759		Mailing Address 2155 MCMULLEN BOOTH RD CLEARWATER, FL 33759		
DO NOT WRITE IN THIS SPACE				07062007 No Chg-LP CR2E003 (12/06) 4. FEI Number
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 Florithe obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title (applicable).				red agent, or both, in the State of Florida. Tam familiar with, and accept 7/9/07 DATE
FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00				
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 PARTNE	R INFORMATION		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WALKER, DAVID R 2114 MEADOWBROOK DR. CLEARWATER, FL 33757			U00000769300 07/17/07-80006-017 908.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			•	IN THIS SPACE
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 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: 4

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER