
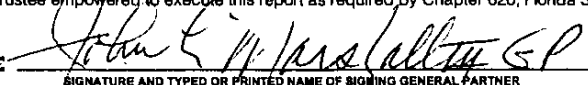


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32011			
1. Entity Name FORT WALTON DEFENSE HOUSING, LTD.			
Principal Place of Business PO BOX 4970 C/O MARSHALL PROPERTIES, INC. RUMFORD, RI 02916		Mailing Address PO BOX 4970 C/O MARSHALL PROPERTIES, INC. RUMFORD, RI 02916	
2. Principal Place of Business - No P.O. Box # C/O MARSHALL PROPERTIES, Inc.		3. Mailing Address C/O MARSHALL PROPERTIES, Inc.	
Suite, Apt. #, etc. 700 NARRAGANSETT PARK DR.		Suite, Apt. #, etc. 700 NARRAGANSETT PARK DR.	
City & State PAWTUCKET, RI		City & State PAWTUCKET, RI	
Zip 02861	Country US	Zip 02861	Country US
4. FEI Number 59-1968358		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHESSER, D. MICHAEL 1201 EGLIN PARKWAY SHALIMAR, FL 32579		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			
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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L03069 FT. WALTON DEF. HSG., INC 1201 EGLIN PARKWAY SHALIMAR, FL	STREET ADDRESS CITY - ST - ZIP	
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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: 		3/12/07 (40) 725-9370	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER JOHN L. MARSHALL, III G.P.		Date Daytime Phone #	

STAPLE CHECK HERE