

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A93000000872	
1. Entity Name WALKER STREET ASSOCIATES, LTD.	



FILED

2005 MAR -7 P 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 104 CRANDON BLVD., SUITE 419 KEY BISCAYNE, FL 33149	Mailing Address 104 CRANDON BLVD., SUITE 419 KEY BISCAYNE, FL 33149
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

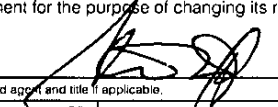
01182005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0419827	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER STREET FLORIDA INVESTORS, INC. 104 CRANDON BLVD., SUITE 419 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

9. Capital Contributions as Shown on record. \$8,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	P93000047591 WALKER STREET FLORIDA INVESTORS, INC. 104 CRANDON BLVD., SUITE 419 KEY BISCAYNE, FL 33149	STREET ADDRESS CITY-ST-ZIP	300048122413 03/10/05--01009--015 **144.75
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE