

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A93000000872 1. Entity Name WALKER STREET ASSOCIATES, LTD.	
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Principal Place of Business 104 CRANDON BLVD., SUITE 419 KEY BISCAVNE, FL 33149	Mailing Address 104 CRANDON BLVD., SUITE 419 KEY BISCAVNE, FL 33149
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DO NOT WRITE IN THIS SPACE



03092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0419827	Applied For Not Applicable
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 BISCAVNE, FL 33149
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	P93000047591
NAME	WALKER STREET FLORIDA INVESTORS, INC.
STREET ADDRESS	104 CRANDON BLVD., SUITE 419
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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: _____ **3/16/07** **212-453-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE