2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A93000000872

1. Entity Name

WALKER STREET ASSOCIATES, LTD.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

104 CRANDON BLVD., SUITE 419 KEY BISCAYNE, FL 33149 Mailing Address

104 CRANDON BLVD., SUITE 419 KEY BISCAYNE, FL 33149



04162008 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 BISCAYNE, FL 33149

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	l		
	re named entity submits this statement for the purpose of changing its registered office ations of registered agent.	or registered agent, or both, in the State of Florida	I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	-	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE NOTE: General Partners MAY NOT be changed on the form; an am		
12.	GENERAL PARTNER INFORMATION		

12. GENERAL PARTNER INFORMATION

DOCUMENT / P93000047591

NAME WALKER STREET FLORIDA INVESTORS, INC.

STREET ADDRESS
CITY-ST-ZIP KEY BISCAYNE, FL 33149

DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP

000000930783 05/21/08-80122-021 500,00

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS

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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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS
CITY SE-7IP

CHECK

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4 23 08

Daytime Phone #