

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000872**

1. Entity Name  
**WALKER STREET ASSOCIATES, LTD.**



**FILED**

03 FEB 10 PM 4:29

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**WALKER STREET FLORIDA INVESTORS, INC.  
104 CRANDON BLVD., SUITE 419  
KEY BISCAYNE FL 33149**

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

Signature, typed or printed name of registered agent, if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$8,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P93000047591**  
NAME **WALKER STREET FLORIDA INVESTORS, INC.**  
STREET ADDRESS **104 CRANDON BLVD., SUITE 419**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**400012231514**  
**02/10/03 01114-003 \*\*144.75**

CR2E003 (10/02)

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/7/03**  
Date

Daytime Phone #