2001 UNIFO	RM BUSINESS	REPORT	(UBR)
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DOCU	IMENT # A9400	0001148				ä	
JEFFREY S. WALKER FAMILY LIMITED PARTNERSHIP				FILED	7		
Principal Plac	Principal Place of Business Mailing Address				─ 01 FEB -2 AM 9:35 ⁰		
1201-5TH AVE		1201-5TH AVENUE NORTH			SECRETARY OF STATE		
SUITE 408 SUITE 408		•		TAULAHASSEE, FLORIDA			
ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705		,		I KARABI KAN KAN ALAH BANK BANK BANK BANK BANK BANK BANK ANDA MAKK ANDA MAKK ANDA MAKKA BANK BANK BANK BANK BAN			
Principal Place of Business Address Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	_		
City & Star	City & State City & State				4. FEI Number 65-05 19580 Applied For Not Applicable	1	
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired]	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	1	
WALKER, JEFFREY S			Name				
•	AVE. NORTH			Street Address (P.O. Box Number is Not Acceptable)			
SUITE 408	3					}	
ST. PETERSBURG FL 33705			City	FL Zip Code]		
8. The above	e named entity submits this statement for	the purpose of changing its r	registere	ed office or registe	tered agent, or both, in the State of Florida.]	
SIGNATURE							
9. Capital Co		10. Amount of Capital		d Agent signature requir	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	-	
as Shown		in FLORIDA to da	te.	4 315	SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE.	$\frac{1}{2}$	
	NOTE: General Partners MA	Y NOT be changed on the	e form		ent must be filed to change a general partner.	1	
DOCUMENT #	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	٤	
NAME	WALKER, JEFFREY S		STRE	ET ADDRESS	4000036612147 -02/08/0101022014 #		
STREET ADDRESS CITY-ST-ZIP	1201 5TH AVE. NORTH, STE. 408 ST. PETERSBURG FL 33705		CITY	-ST-ZIP	****526.25 ****526.2 %	R2E003 (11/00)	
DOCUMENT # NAME	WALKER, PAULETTE C -	*	STRE	ET ADDRESS		CRS	
STREET ADDRESS CITY-ST-ZIP	1201-5TH AVE: NORTH, STE. 408 ST. PETERSBURG FL 33705	-	CITY	- ST-ZIP			
DOCUMENT #		ERTIFICATE OF	STRE	America Me	ENT FILES JANUARY 2000.		
STREET ADDRESS CITY-ST-ZIP	Confirmed By T	REVOR AT 850	-сіт4	187-60	DA 5.		
DOCUMENT # Name			STRÉ	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS		1	
STREET ADDRESS CITY, ST-ZIP			CITY-	-ST-ZIP		1	
DOCUMENT #		<u> </u>	STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CiTY-	-ST-ZIP			
Indicated	certify that the information supplied with on this report is true and accurate and t ver or trustee empowered to execute this	hat my signature shall have th	ie same	legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or		
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING GENERAL PARTNER Day Girls Phone #							