2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 04, 2006 08:00 AN Secretary of State

| Due by May 1, 2000 | | | | , Niay 04, 2006 08:00 | | | |
|--|---|--|------------------------|---------------------------|-----------------------|--------------------------------|--|
| 1 | MENT # A9400000 | | Secretary of State | | | | |
| 1. Entity Nam JEFFREY | S. WALKER FAMILY LIM | ITED PARTNERSHIP | | | | | |
| Principal Plac 6006 49TH: SUITE 350 ST. PETERSE | | Mailing Address 6006 49TH ST N SUITE 350 ST, PETERSBURG, FL 33709 | | | | | |
| | | | | | | | |
| DO NOT WRITE IN THIS SPA | | | ^E | 04272006 No | Chg-LP | CR2E003 (11/05) | |
| | | | C. I | 4. FEI Number 65-05195 | 80 | Applied For Not Applicable | |
| | | | | 5. Certificate of | Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Curren | t Registered Agent | | <u> </u> | ····· | | |
| WALKER, JEFFREY S 6006 49TH ST N | | | DO NOT WRITE | | | | |
| SUITE 350 ST. PETERSBURG, FL 33709 | | | IN THIS SPACE | | | | |
| | ions of registered agent. | or the purpose of changing its register | red office or register | ed agent, or both, | in the State of Flo | | |
| ļ | Signature, typed or printed name of registered ager | | | | DATE | | |
| Total Annual Control of Control o | FILE NO After May 1, | | | | | | |
| | | THAT IS A BUSINESS ENTITY A AY NOT be changed on the form | | | | | |
| 12. | GENERAL PARTNE | | | | | , ','' | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | WALKER, JEFFREY S 6006 49TH ST N, #350 ST. PETERSBURG, FL 33709 | | | [| :000000 -30\0S\2(| 563731 30024-014 500100 | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | | | |
| OGCUMENT F NAME STREET ADDRESS | | | | NTF | IIS SP/ | ACE | |

14. I thereby 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 Emiled partnership or the receiver or trustee empowered to execute this teport as required by Chapter 620, Florida Statutes.

SIGNATURE:

STAPLE CHECK HERE

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

× 4-29-06

727-× 528-594/ Daytime Phone is