

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000878

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** INEZ B. WALKER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2895 MERCY DR.  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

2895 MERCY DR.  
ORLANDO, FL 32808

**New Mailing Address:**

POST OFFICE BOX 580099  
ORLANDO, FL 32858

**FEI Number:** 59-3382882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALKER, INEZ B  
2895 MERCY DR.  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: WALKER, INEZ B

Address: 2895 MERCY DR.

City-St-Zip: ORLANDO, FL 32808

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: INEZ B. WALKER

GENP

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date