


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A96000002096</b> 1. Entity Name <b>WALKER FINANCIAL LIMITED PARTNERSHIP</b>	
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Principal Place of Business 925 KINGS MOUNTAIN ROAD DELAND, FL 32720-1407	Mailing Address 925 KINGS MOUNTAIN ROAD DELAND, FL 32720-1407
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2. Principal Place of Business - No P.O. Box # <b>1107 MAYORS DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>1107 MAYORS DRIVE</b> Suite, Apt. #, etc.
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City & State <b>SEVIERVILLE, TN.</b> Zip <b>37862-4641</b>	City & State <b>SEVIERVILLE, TN</b> Zip <b>37862-4641</b>
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Country <b>USA</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent WALKER, JOSEPH A 222 EAST CORAL TRACE CIRCLE DELRAY BEACH, FL 33445	
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FILED

2007 APR 13 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03242007    Chg-LP    CR2E003 (12/06)

4. FEI Number 65-0729739	Applied For Not Applicable
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5. Certificate of Status Desired    ☐    \$8.75 Additional Fee Required

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 _____	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP WALKER, DOROTHY L 1107 MAYORS DRIVE SEVIERVILLE, TN 378624641	STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP

14. I hereby 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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Dorothy L Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE