

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:50

DOCUMENT # A96000002096

1. Entity Name
WALKER FINANCIAL LIMITED PARTNERSHIP



Principal Place of Business

~~1107 MAYORS DRIVE~~ 1830 Riverview Circle
SEVIERVILLE, TN 37862-3464 1

Mailing Address 1830 Riverview Circle

~~1107 MAYORS DRIVE~~
SEVIERVILLE, TN 37862-3464 1

DO NOT WRITE IN THIS SPACE



03312008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0729739

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JOSEPH A
222 EAST CORAL TRACE CIRCLE
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	WALKER, DOROTHY L	1107 MAYORS DRIVE 1830 Riverview Circle	SEVIERVILLE, TN 378624641
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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400128310594
05/02/08--01006--030 **500.00

**DO NOT WRITE
IN THIS SPACE**

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

4/10/08
Date

Daytime Phone #

STAPLE CHECK HERE