


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002156</b>		
1. Entity Name WALTER DICKINSON, LTD.		

Principal Place of Business 1 INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202	Mailing Address 1 INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03172005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent	
AKEL, EDWARD C 1 INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$98.00	10. Amount of Capital Contributions in FLORIDA to date. 98.00	\$141.25
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**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 #	DICKINSON, WALTER D TRUSTEE	STREET ADDRESS	
NAME	1 INDEPENDENT DRIVE, SUITE 2401	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE, FL 32202		
CITY-ST-ZIP			
DOCUMENT #	P96000095629	STREET ADDRESS	000000331075
NAME	WALTER DICKINSON MANAGEMENT, INC.	CITY-ST-ZIP	04/26/05-80002-006 141.25
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 2401		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Walter Dickinson **4/12/05 904-358-1206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE