

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002181**

1. Entity Name  
**THE MUSEUM WALK LIMITED PARTNERSHIP**



Principal Place of Business  
**220 N. MAIN STREET  
GAINESVILLE, FL 32601**

Mailing Address  
**P.O. BOX 13116  
GAINESVILLE, FL 32604**



**DO NOT WRITE IN THIS SPACE**

04062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3415497**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLLIER, NATHAN S  
220 N. MAIN STREET  
GAINESVILLE, FL 32601**

**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, 2006, 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 # **P97000016719**  
NAME **MUSEUM WALK, INC.**  
STREET ADDRESS **220 N. MAIN ST.**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

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1100000533710  
05/06/06-80131-023 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:**

*Signature and typed or printed name of signing general partner*

Date

Daytime Phone #

*Nathan S. Collier  
President*

*4/26/04*

352/375-2152