2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

FILED Sep 17, 2004 08:00 AM Secretary of State

DOCUMENT # A97000000023 1. Entity Name WALTHER FAMILY PARTNERSHIP, LTD.					Secretary of State
Principal Place of Business 620 ADMIRALTY PARADE WEST NAPLES, FL 34102		Mailing Address 620 ADMIRALTY PARADE WEST NAPLES, FL 34102		T	
2. Principal P	Principal Place of Business 3. Mailing Add				
Suite, Apt #, etc.		Suite, Apt. #. etc.		<u> </u>	07132004 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For 65-0714577 Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	5. Name and Address of Current Registered Agent CROWN, HOWARD L ESQ GRANT, FRIDKIN & PEARSON 5551 RIDGEWOOD DR., SUITE 501 NAPLES, FL 34108			Name	7. Name and Address of New Registered Agent
GRANT, FI 5551 RIDG				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above the obligati	named entity submits this statement ons of registered agent.	t for the purpose of changing	ng ils register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registored ag	and part talls if agoil cante.			DA'E
9. Capital Cor	9. Capital Contributions as Shown on record. \$5,300,000.00 In FLORIDA to date.				In accordance with s, 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
	A GENERAL PARTNE NOTE: General Partners	THAT IS A BUSINESS MAY NOT be changed	S ENTITY Non the form	NUST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12,	12. GENERAL PARTNER INFORMATION DOCUMENT / P96000097742				ADDRESS CHANGES ONLY
NAME	WALTHER EQUITIES, INC.			LET ADDRESS	
STREET ADDRESS CITY-ST ZIP	620 ADMIRALTY PARADE WEST NAPLES, FL 34102		CITY	r-\$1-#P	
DOCUMENT # NAME			SIR	EET ADDRESS	09/17/04-80001-008 526.25
SINLET ADDRESS - CHY-SI ZIP			CITY	r SI-ZIP	
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NAME STREET ADDRESS				ELT ADDRESS ST-ZIP	
DOCUMENT #				EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				ST ZIP	
14. I hereby condition indicated the roceive	URE: Dan	ith this filing does not qualited that my signature shall he this report as required by Control of the printed NAME OF SIGNING GOOD TO THE SIGNING) EL		retion 119.07(3)(i), Florida Statutes I further certify that the information hade under oath, that I am a General Partner of the limited partnership or 7-22-04 Date Caving Phone #