

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

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000023</b> 1. Entity Name <b>WALTHER FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>620 ADMIRALTY PARADE WEST NAPLES, FL 34102</b>			Mailing Address <b>620 ADMIRALTY PARADE WEST NAPLES, FL 34102</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>CROWN, HOWARD L ESQ GRANT, FRIDKIN &amp; PEARSON 5551 RIDGEWOOD DR., SUITE 501 NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$5,300,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. _____		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>P96000097742</b> NAME <b>WALTHER EQUITIES, INC.</b> STREET ADDRESS <b>620 ADMIRALTY PARADE WEST</b> CITY-ST-ZIP <b>NAPLES, FL 34102</b>			STREET ADDRESS _____ CITY-ST-ZIP _____		
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			STREET ADDRESS _____ CITY-ST-ZIP _____		
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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: <u><i>Daniel Walther</i></u> <b>Daniel Walther</b> <span style="float: right;"><b>4-14-05</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



02262005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0714577** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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