

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000023

1. Entity Name
WALTHER FAMILY PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:55

Principal Place of Business
**620 ADMIRALTY PARADE WEST
 NAPLES, FL 34102**

Mailing Address
**620 ADMIRALTY PARADE WEST
 NAPLES, FL 34102
 1011 Runnymede Rd
 Dayton OH 45419**

2. Principal Place of Business
5040 TAMARIND RIDGE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006 Chg-LP CR2E003 (11/05)

City & State
NAPLES FLA

City & State

4. FEI Number
65-0714577

Applied For
 Not Applicable

Zip
34119

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROWN, HOWARD L ESQ
 GRANT, FRIDKIN & PEARSON
 5551 RIDGEWOOD DR., SUITE 501
 NAPLES, FL 34108**

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000097742**
 NAME **WALTHER EQUITIES, INC.**
 STREET ADDRESS **620 ADMIRALTY PARADE WEST**
 CITY-ST-ZIP **NAPLES, FL 34102**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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CITY-ST-ZIP

400074702694
 05/17/06--01007--005 **\$26.25

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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 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: *D Christopher Walther*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/06

Date

Daytime Phone #