2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING GENERAL PARTNER

TALLAHASSEE. FLORIDA **DOCUMENT # A97000000023** WALTHER FAMILY PARTNERSHIP, LTD. 08 MAR 11 PM 4: 38 Principal Place of Business Mailing Address 5040 TAMARINO RIDGE DR 1011 RUNNYMEDE RD DAYTON, OH 45419 NAPLES, FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 02162008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0714577 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROWN, HOWARD LESQ Street Address (P.O. Box Number is Not Acceptable) **GRANT, FRIDKIN & PEARSON** 5551 RIDGEWOOD DR., SUITE 501 NAPLES, FL 34108 City 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 • After May 1, 2008, 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 P96000097742 DOCUMENT # STREET ADDRESS WALTHER EQUITIES, INC. NAME STREET ADDRESS 620 ADMIRALTY PARADE WEST CITY-ST-ZIP NAPLES, FL 34102 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 800120722888-CITY-ST-ZIF CITY-ST-ZIP <u>03/19/08--01021--001 **500 00</u> DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

FILED

SECRETARY OF STATE

Daytime Phone #