

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

**08 APR 21 AM 11:46**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A97000001128**

1. Entity Name  
**WALKER INVESTMENT GROUP, LTD.**



Principal Place of Business  
**2143 GOLDEN EAGLE DRIVE  
TALLAHASSEE, FL 32312**

Mailing Address  
**2143 GOLDEN EAGLE DRIVE  
TALLAHASSEE, FL 32312**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

**59-3443682**

Applied For

Not Applicable

Zip

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

**WALKER, ROBERT E  
2143 GOLDEN EAGLE DRIVE  
TALLAHASSEE, FL 32312**

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]*

Signature, typed or printed name of registered agent and title if applicable.

**4-21-08**

DATE

**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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**WALKER, ROBERT E  
2143 GOLDEN EAGLE DRIVE  
TALLAHASSEE, FL 32312**

STREET ADDRESS

CITY - ST - ZIP

**700124836507  
04/21/08--01017--014 \*\*500.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**WALKER, JANET M  
2143 GOLDEN EAGLE DRIVE  
TALLAHASSEE, FL 32312**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**CHAMBERS, CAROLE W  
8810 LAUREL GROVE LANE  
KNOXVILLE, TN 37922**

STREET ADDRESS

CITY - ST - ZIP

**115 WEYBURN LANE  
MARYVILLE, TN 37803**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**CHAMBERS, G. EDWARD  
8810 LAUREL GROVE LANE  
KNOXVILLE, TN 37922**

STREET ADDRESS

CITY - ST - ZIP

**115 WEYBURN LANE  
MARYVILLE, TN 37803**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**WUNDERLICH, DIANE W  
1844 GRASSINGTON WAY  
JACKSONVILLE, TN 32223**

STREET ADDRESS

CITY - ST - ZIP

**8907 ARBOR CREEK DR  
CHARLOTTE, NC 28269**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**WUNDERLICH, ROBERT L  
1844 GRASSINGTON WAY  
JACKSONVILLE, FL 32223**

STREET ADDRESS

CITY - ST - ZIP

**DIED 12-18-07**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-20-08**

Date

Daytime Phone #

STAPLE CHECK HERE