2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# A97000001587

Entity Name: CAMPUS WALK LIMITED PARTNERSHIP

Current Principal Place of Business:

220 N. MAIN ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 13116
GAINESVILLE, FL 32604

New Mailing Address:

220 N. MAIN ST.
GAINESVILLE, FL 32601

FEI Number: 59-3458798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER, NATHAN S
220 N. MAIN ST.
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #: P97000062713
Name: CAMPUS WALK, INC.
Address: 220 N. MAIN ST.
City-St-Zip: GAINESVILLE, FL 32601

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NATHAN S. COLLIER, PRES OF GP PD 04/07/2009

Electronic Signature of Signing General Partner Date