FILED

03 FEB 10 AM 9: 09

**2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR

DOCUMENT #	A98000001273
	10000001210

1. Entity Name

WALKER PROPERTY MANAGEMENT, LTD.



SECRETARY OF STATE. ALLAHASSEE: FLORIDA Principal Place of Business Mailing Address 720 BANYAN BOULEVARD 720 BANYAN BOULEVARD NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 59-3522858 Not Applicable Zip<u>≜</u>, 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 Name CLASP INC. % CUMMINGS & LOCKWOOD Street Address (P.O. Box Number is Not Acceptable) 3001 TAMIAMI TRAIL NORTH NAPLES FL 34103 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$250,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 P98000045187 DOCUMENT # STREET ADDRESS NAME JLW WALKER ENTERPRISES, INC. STREET ADDRESS 720 BANYAN BOULEVARD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS <del>9000122</del> 02/10/03--01109 CITY-ST-ZIP CITY-ST-ZIP -002 \*\*526,25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # Harrion Charleton STREET ADDRESS ings is to proper in the constitution STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS ع و الم NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IF

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:

2-4-03 239-262-7200

CR2E003 (10/02)