


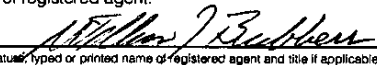



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 28 AM 11:29

DOCUMENT # A99000000270 1. Entity Name WALKER COLLIER REAL ESTATE HOLDINGS, LTD.					
Principal Place of Business 5415 BONACKER DRIVE TAMPA, FL 33610			Mailing Address 5415 BONACKER DRIVE TAMPA, FL 33610		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="text-align: right; margin-bottom: 10px;">  </div> 	
City & State Zip Country		City & State Zip Country		07012005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3558724				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BUBBERS, WILLIAM J 5415 BONACKER DRIVE TAMPA, FL 33610			7. Name and Address of New Registered Agent Name BUBBERS, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 1941 MICHIGAN AVE City COCOA FL Zip Code 32922		
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  7/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. Capital Contributions as Shown on record. \$664,100.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 # P98000027409 NAME COLLIER WALKER, INC. STREET ADDRESS 5415 BONACKER DRIVE CITY-ST-ZIP TAMPA, FL 33610			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 700058257687 08/04/05--01052--009 **837.50 CITY-ST-ZIP 700058257687 08/04/05--01052--010 **88.75		
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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:  7/1/05 321-632-8650 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE