

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # B03000000006**

1. Entity Name  
**WALKCON LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 26 AM 8:34

Principal Place of Business  
**4017-F CLAY AVE.  
 HALTOM CITY, TX 76117**

Mailing Address  
**4017-F CLAY AVE.  
 HALTOM CITY, TX 76117**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01162004 Chg-LP CR2E003 (10/03)

4. FEI Number **75-2680475** Applied For  
 Not Applicable

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

**CORPORATE ACCESS INC.-  
 236 EAST 6TH AVE.  
 TALLAHASSEE, FL 32303**

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

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

**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	STREET ADDRESS	CITY-ST-ZIP
	<b>WALKER, ROYCE</b>	<b>805 DANA LANE</b>	<b>KELLER, TX 76248</b>	<b>1100032723731</b>	<b>04/14/04--01021--012 **438.75</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	<b>RIBERA, ANGELA</b>	<b>5921 SWORDS DR.</b>	<b>FT. WORTH, TX 76137</b>	<b>1617 Overcup Lane</b>	<b>Keller, TX 76248</b>
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STAPLE CHECK HERE

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Angela Ribera** **Angela Ribera** **2/26/04** **8175147714**