## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #B97000000381**

1. Entity Name

WALŤON STREET REAL ESTATE FUND I, L.P.



FILED Aug 08, 2007 08:00 A Secretary of State

Principal Place of Business

900 NORTH MICHIGAN AVE., SUITE 1900 CHICAGO, IL 60611

Mailing Address

900 NORTH MICHIGAN AVE., SUITE 1900 CHICAGO, IL 60611



05022007 No Chg-LP

CR2E003 (12/06)

Fee Required

4. FEI Number		Applied For
36-4025780		Not Applicable
5. Certificate of Status Desired	П	\$8.75 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 DO NOT WRITE
IN THIS SPACE

8.	The above named ently 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, typical or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	B96000000193 WALTON STREET MANAGERS I, L.P. 900 NORTH MICHIGAN AVE., SUITE 1900 CHICAGO, IL 60611	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	·	
1	DOCUMENT # NAME STREET ADDRESS City-St-Zip		No. William Ov
STAPLE CHECK HERE	DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
STAPL	DOCUMENT / NAME STREET ADDRESS CITY - ST-ZIP		

DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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:

Waiton Street Managers I, L.P., General P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE GENERAL PARTICES

Karen E. Leone, Secretary of WSC Managers I. Inc., GP of <u>Walton</u> Street Managers I, L.P., General Partner

7.31.0

Date

Dayone Phone #