2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

Apr 01, 2008 08:00 AM DOCUMENT # B97000000381 **Secretary of State** WALTON STREET REAL ESTATE FUND I, L.P. Principal Place of Business Mailing Address 900 NORTH MICHIGAN AVE., SUITE 1900 900 NORTH MICHIGAN AVE., SUITE 1900 CHICAGO, IL 60611 CHICAGO, IL 60611 01232008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4025780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. 04/11/08-80086-002 500.00 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12 DOCUMENT / B96000000193 WALTON STREET MANAGERS I. L.P. STREET ADDRESS 900 NORTH MICHIGAN AVE., SUITE 1900 CITY-ST-ZIP CHICAGO, IL 60611 DOCUMENT# NAME STREET ADDRESS City-St-ZiP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: #

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG GENERAL PARTNER

Karen E. Leone, Authorized Representative

3-19-08

773-477-2292

Daytime Phone #

FILED