# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

PARTNER

SIGNATURE: DAVID F. WALKER

Electronic Signature of Signing General Partner Detail

#### Current Principal Place of Business: 14388 EAGLE POINT DRIVE CLEARWATER, FL 33762

2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Entity Name: DAVID AND GWENDOLYN WALKER FAMILY LIMITED

## **Current Mailing Address:**

14388 EAGLE POINT DRIVE CLEARWATER, FL 33762

DOCUMENT# A0200000563

PARTNERSHIP

### FEI Number: 81-0546990

#### Name and Address of Current Registered Agent:

WALKER, DAVID F 14388 EAGLE POINTE DRIVE CLEARWATER, FL 33762 US

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.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### General Partner Detail :

Document #	L0200008778
Name	WALKER FAMILY MANAGEMENT, LLC
Address	14388 EAGLE POINT DRIVE
City-State-Zip:	CLEARWATER FL 33762

## FILED Mar 20, 2018 Secretary of State CC5336733213

Certificate of Status Desired: No

Date

03/20/2018 Date