#### 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. 04/20/2021 SIGNATURE: DAVID F WALKER MANAGER

Electronic Signature of Signing General Partner Detail

# 2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

# DOCUMENT# A0200000563

Entity Name: DAVID AND GWENDOLYN WALKER FAMILY LIMITED PARTNERSHIP

## **Current Principal Place of Business:**

14388 EAGLE POINT DRIVE CLEARWATER, FL 33762

# **Current Mailing Address:**

14388 EAGLE POINT DRIVE CLEARWATER, FL 33762

## 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:

#### **General Partner Detail :**

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

Electronic Signature of Registered Agent

Certificate of Status Desired: No

Secretary of State 4863313660CC

FILED Apr 20, 2021

Date

Date