

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000563

**Entity Name:** DAVID AND GWENDOLYN WALKER FAMILY LIMITED PARTNERSHIP

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC4050196093**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # L02000008778  
Name WALKER FAMILY MANAGEMENT, LLC  
Address 14388 EAGLE POINT DRIVE  
City-State-Zip: CLEARWATER FL 33762

*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.*

SIGNATURE: DAVID F. WALKER

MANAGER

04/15/2015

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date