

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000517

**Entity Name:** 933 BEACH WALKER, LLLP

**Current Principal Place of Business:**

13 SEAHORSE COURT  
ISLE OF PALMS, SC 29451

**Current Mailing Address:**

13 SEAHORSE COURT  
ISLE OF PALMS, SC 29451 US

**FEI Number:** 45-2755750

**Certificate of Status Desired:** No

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

OWEN, GAIL A  
87 SLOGANEER TRAIL  
PALM COAST, FL 32164 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 #  
Name RIKER, CHAROLYN J  
Address 13 SEAHORSE COURT  
City-State-Zip: ISLE OF PALMS SC 29451

Document #  
Name OWEN, GAIL A  
Address 87 SLOGANEER TRAIL  
City-State-Zip: PALM COAST FL 32164

Document #  
Name MONTGOMERY, MARY M  
Address 8704 BALD EAGLE R6309 TOWLES RD  
City-State-Zip: WILMINGTON NC 28409

Document #  
Name MOYNIHAN, DOROTHY E  
Address 4021 HILLANDALE RD,  
APT. 3  
City-State-Zip: OTTAWA HILLS OH 43606

Document #  
Name BATEMAN, JOHN E  
Address 330 EAST 39TH ST.  
APT. 3-B  
City-State-Zip: NEW YORK CITY NY 10016

*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:** GAIL A. OWEN

MRS.

01/11/2017

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

\_\_\_\_\_  
Date