

2015 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 MONTGOMERY, MARY M
Address 8704 BALD EAGLE RD
City-State-Zip: WILMINGTON NC 28411

Document #
Name BATEMAN, DEBORAH S
Address 3010 NW 10TH PLACE
City-State-Zip: GAINESVILLE FL 32605

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

Document #
Name MOYNIHAN, DOROTHY E
Address 2468 MANCHESTER
City-State-Zip: OTTAWA HILLS OH 43606

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 OWEN

04/14/2015

Electronic Signature of Signing General Partner Detail

Date