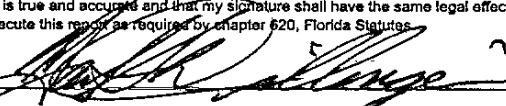


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership WALDEN RESIDENTIAL BD, LIMITED PARTNERSHIP		1a. DOCUMENT # B98000000017	
Mailing Address ONE LINCOLN CENTRE 5400 LBJ FREEWAY, #400 DALLAS TX 75240		Principal Office Address ONE LINCOLN CENTRE 5400 LBJ FREEWAY, #400 DALLAS TX 75240	
2. Mailing Address 5080 Spectrum Dr. Suite, Apt. #, etc. Ste. 1000 East City & State Dallas, Texas Zip 75248		2a. Principal Office Address 5080 Spectrum Dr. Suite, Apt. #, etc. Ste. 1000 East City & State Dallas, Texas Zip 75248	
3. Date Formed or Registered 01/07/1998		5a. Capital Contributions as Shown on record. \$500,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: 500,000	
4. State or Country of Formation DE		6. FEI Number ☒ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office FL	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
WALDEN RESIDENTIAL PROPERTIES	5400 LBJ FREEWAY, #400 5080 Spectrum Dr. Ste. 1000 East	DALLAS TX 75240 6 Dallas, TX 75240 12/17/98	F94000001281 12/23/98-01016-004 ****526.25 ****526.25
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE 		DATE 12-14-98	
Typed or Printed Name of General Partner Signing Form Walden Residential Properties, Inc		Daytime Telephone Number 972-788-0510	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 17 PM 4:40



CR2E003 (8/98)