

2001 UNIFORM BUSINESS REPORT (UBR)

0015109 AF

DOCUMENT # B980000000017

1. Entity Name

WALDEN RESIDENTIAL BD, LIMITED PARTNERSHIP

Principal Place of Business

5080 SPECTRUM DRIVE, SUITE 1000 EAST
DALLAS TX 75248

Mailing Address

5080 SPECTRUM DRIVE, SUITE 1000 EAST
DALLAS TX 75248

FILED

01 APR 26 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2740403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M00000000417
NAME WALDEN BOND GP LLC
STREET ADDRESS 5080 SPECTRUM DRIVE, SUITE 1000 EAST
CITY-ST-ZIP ADDISON TX 75001

STREET ADDRESS

CITY-ST-ZIP

8000004193888--9

-05/11/01--01003--027

3157.50 *526.25

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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE:

Robin K. Minick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robin K. Minick, SVP of

4-24-01

Date

972-787-0510

Daytime Phone #

CR2E003 (11/00)