2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1 of 2

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DOCUMENT # B98000000017

1. Entity Name
WALDEN RESIDENTIAL BD, LIMITED PARTNERSHIP

FILED
03 MAR 26 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5080 SPECTRUM DRIVE. SUITE 1000 EAST DALLAS TX 75248	5080 SPECTRUM DRIVE. SUITE 1000 EAST DALLAS TX 75248

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$500,000.00		

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	STREET ADDRESS	
NAME	WALDEN BOND GP LLC	CITY-ST-ZIP	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 1000 EAST		100014751411
CITY-ST-ZIP	ADDISON TX 75001	STREET ADDRESS	03/26/03--01034--001 **526.25
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CR2E003 (10/02)

STAPLE CHECK HERE

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: SEE ATTACHED SIGNATURE PAGE FILED 3-18-03 972-788-0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

WRBD, L.P., a Delaware limited partnership

By: Walden Bond GP LLC,
a Delaware limited liability company,
its general partner

By: Oly Hightop Parent GP, LLC,
a Delaware limited liability
company, its manager

By: _____
Robin K. Minick
Vice President