


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000204

1. Entity Name
WALDEN POND DEVELOPMENT, L.C.



Principal Place of Business 1301 S.W. 10TH AVENUE BLDG. J DELRAY BEACH, FL 33444	Mailing Address 1301 S.W. 10TH AVENUE BLDG. J DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 22-3425351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINNERS, BRIAN J
1301 S.W. 10TH AVENUE
BLDG. J
DELRAY BEACH, FL 33444

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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 (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA AFFORDABLE HOUSING, INC. 1301 S.W. 10TH AVENUE, BLDG. J DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MBI EQUITIES CORP. 725 CUTHBERT BOULEVARD CHERRY HILL, NJ 08002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/04-80040-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *[Signature]* 1/21/04 561-278-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #