


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2005 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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05032005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
 Due by September 7, 2005**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/06/05-80041-004 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 60B, Florida Statutes.

SIGNATURE: Tom Hinn 5/6/05 561-278-0053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*TOM HINNERS*