

2002 UNIFORM BUSINESS REPORT (UBR)

0014362 AT

DOCUMENT # A01000001092

1. Entity Name

WALDEN WOODS II, LTD.

FILED

02 MAY -1 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5015 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

Mailing Address

5015 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

2. Principal Place of Business

500 S. Florida Ave
Suite, Apt. #, etc. 700

3. Mailing Address

PO Box 5252
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33801 USA

Zip

33807 USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, LAWRENCE T
5015 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

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

500 S. Florida Ave
700

City

Lakeland

FL

Zip 33801

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.

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

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

DOCUMENT # G23570
NAME CRF MANAGEMENT CO., INC.
STREET ADDRESS 5015 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33813

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500 S. Florida Avenue, #700
Lakeland, FL 33801

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

Daytime Phone #

CR2E003 (9/01)