CR2E003 (10/02)

UN	IF SE	M BUSIN	ESS REPO	ORT (L	JBR)				
DOCUMENT # A9200000178 1. Entity Name WALDEN POND ASSOCIATES, LTD.						2003 J	FILED	3: 55	
Principal Place 645 N.W. 62N(MIAMI FL 3313	d street. Su		Mailing Address 645 N.W. 62ND STREET. SUITE 300 MIAMI FL 33131			TATE	ÐWLJON OF CORPORATIONS TAEEAHASSEE, FLORIDA		
2. Principal F	Place of Busin	ess	3. Mailing Address	3. Mailing Address			- 		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & State			City & State	City & State			65-0400962	Applied For Not Applicable	
Zip	Zip Country		Zip	Coun	try	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name	and Address of Curren	1 Registered Agent		7. Name and Address of New Registered Agent				
REGISTERED AGENTS OF FLORIDA, LLC					Name CAROL GARDNER . Street Address (P.O. Box Number is Not Acceptable)				
. 100 S.E.	2ND ST.				645 N.W. 62nd STREET 300				
-STE: 3500	P				SUITE 300				
MIAMI-FL-39131					City MIAM			FL Zip Code 33150	
8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					ed office or regis	stered agent, or both,	in the State of Florid	la. I am familiar with, and accept /(2/03 DATE	
9. Capital Contributions as Shown on record. \$4,800,000.00 10. Amount of Capit in FLORIDA to do					ibutions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
			THAT IS A BUSINES						
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION					; an amendm	ent must be filed t			
12.	1		HINFORMATION	13.			ADDRESS CHAN	GES ONLY	
DOCUMENT #	A93000001			STRE					
NAME STREET ADDRESS CITY-ST-ZIP	2828 COR	IN ASSOCIATES, LTD AL WAY, PENTHOUS 22146		CITY-	-ST-ZIP		·		
DOCUMENT #	MIAMI FL 33145				ET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP				слу-	-ST-ZIP		101000	4017	
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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:

ストナート

CITY-ST-ZIP

CAROL GARDNER

4/29/03

Date

305/757-3737

Daytime Phone #