

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010820 AT

DOCUMENT # **A99000000106**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 23 PM 12:58

Wg/k

1. Entity Name
WALDEN WOODS VILLAGE, LTD.

Principal Place of Business
**1696 MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179**

Mailing Address
**1696 MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179**



2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0887752** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCUS, ALAN J
20803-BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

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. **\$964,644.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000106010	STREET ADDRESS	000018470030
NAME	EQUITY ONE (WALDEN WOODS) INC.	CITY-ST-ZIP	06/27/03--01039--005 **88.75
STREET ADDRESS	1696 MIAMI GARDENS DR.		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		
DOCUMENT #		STREET ADDRESS	000018470030
NAME		CITY-ST-ZIP	05/08/03 . 01002 011 **437.50
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NAME		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 REQUIRED** *4-20-03* 305 672-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)