

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010820 AT

DOCUMENT # A99000000106

1. Entity Name
WALDEN WOODS VILLAGE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 23 PM 12:58

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0887752

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

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
NAME EQUITY ONE (WALDEN WOODS) INC.
STREET ADDRESS 1696 MIAMI GARDENS DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

STREET ADDRESS

CITY-ST-ZIP

000018470030
06/27/03--01039--005 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000018470030
05/08/03 01002 011 **437.50

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-20-03

305 672-1234

Date

Daytime Phone #

CR2E003 (10/02)