

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90057 033 ****50.00

C-7287

DOCUMENT # L01000018990

1. Entity Name

WALDEN INVESTMENTS II, LLC



Principal Place of Business

**4440 PGA BOULEVARD, SUITE 500
PALM GARDENS FL 33480**

Mailing Address

**4440 PGA BOULEVARD, SUITE 500
PALM GARDENS FL 33480**

2. Principal Place of Business

806 Lakeside Drive

3. Mailing Address

806 Lakeside Drive

Suite, Apt. #, etc.

North Palm Beach, FL

Suite, Apt. #, etc.

806 Lakeside Drive

City & State

33408 USA

City & State

North Palm Beach, FL

Zip

Country

Zip

33408

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1153891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCMULLEN, SCOTT L
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **NIELSEN, STEVEN**
STREET ADDRESS **4440 PGA BOULEVARD, SUITE 500**
CITY-ST-ZIP **PALM GARDENS FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **806 Lakeside Drive**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STEVEN NIELSEN

1/20/03 (561) 627-7171

Date

Daytime Phone #

CR2E083 (10/02)