

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045477

Entity Name: WALDEN PROPERTIES, LLC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

700 SOUTH MAIN STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

700 SOUTH MAIN STREET
LABELLE, FL 33935

New Mailing Address:

FEI Number: 20-0931743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNING, BONNIE M
11828 GRAND ISLES LANE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

DENNING, BONNIE M
700 S MAIN STREET
LABELLE, FL 33935 US

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: BONNIE M DENNING

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DENNING, SHERRI G
Address: P.O. BOX 1518
City-St-Zip: LABELLE, FL 33975

Title: MGR () Delete
Name: WALLACE, KENNETH A
Address: 5610 DIVISION DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: MGR () Delete
Name: DENNING, ROGER D
Address: P.O. BOX 1518
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERRI G DENNING

MGR

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date