

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045477

FILED
Jul 17, 2007
Secretary of State

Entity Name: WALDEN PROPERTIES, LLC

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 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

07/17/2007

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