

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000053488

**FILED**  
**Feb 13, 2006**  
**Secretary of State**

**Entity Name:** WALDEN CONSTRUCTION LLC

**Current Principal Place of Business:**

295 NORTH DRIVE  
SUITE G  
MELBOURNE, FL 32934

**New Principal Place of Business:**

4450 W EAU GALLIE BLVD  
SUITE 160  
MELBOURNE, FL 32934

**Current Mailing Address:**

295 NORTH DRIVE  
SUITE G  
MELBOURNE, FL 32934

**New Mailing Address:**

4450 W EAU GALLIE BLVD  
SUITE 160  
MELBOURNE, FL 32934

**FEI Number:** 41-2123893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALDEN, ALICE  
295 NORTH DRIVE  
SUITE G  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

WALDEN, ALICE  
4450 W EAU GALLIE BLVD  
SUITE 160  
MELBOURNE, FL 32934 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: ALICE R WALDEN

02/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALDEN, ALICE R  
Address: 295 NORTH DRIVE STE G  
City-St-Zip: MELBOURNE, FL 32934

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WALDEN, ALICE R  
Address: 4450 W EAU GALLIE BLVD, SUITE 160  
City-St-Zip: MELBOURNE, FL 32934

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: ALICE R WALDEN

MGR

02/13/2006

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