

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90146 024 ****50.00

DOCUMENT # L04000072479

1. Entity Name

WALDEN CLASSIC HOMES, LLC



Principal Place of Business

C/O MR. JERRY L. WALDEN
4869 ANNETTE DRIVE
TALLAHASSEE FL 32303

Mailing Address

C/O MR. JERRY L. WALDEN
4869 ANNETTE DRIVE
TALLAHASSEE FL 32303

2. Principal Place of Business

4531 Camden Rd

Suite, Apt. #, etc.

3. Mailing Address

4531 Camden Rd.

Suite, Apt. #, etc.

City & State

Tallahassee

Zip
32303

Country

City & State

Tallahassee

Zip
32303

Country

4. FEI Number

20-1710239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDEN, JERRY L
4869 ANNETTE DRIVE
TALLAHASSEE FL 32303

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

Jerry L. Walden
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-10-06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WALDEN, JERRY L
STREET ADDRESS 4869 ANNETTE DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

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 MGR ☒ Change ☐ Addition
NAME Walden, Jerry L.
STREET ADDRESS 4531 Camden Rd.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jerry L. Walden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-10-06

Date

850-907-9596

Daytime Phone #