

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058038

FILED  
Jul 30, 2007  
Secretary of State

Entity Name: WALDEN PALMS CAPITAL, LLC

**Current Principal Place of Business:**

9350 SOUTH DIXIE HIGHWAY STE 1500  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9350 SOUTH DIXIE HIGHWAY STE 1500  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 20-3034061      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:**

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

SEGREDO, FRANK J  
9350 SOUTH DIXIE HIGHWAY STE 1500  
MIAMI, FL 33156      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SEGREDO, FRANK J  
Address: 9350 SOUTH DIXIE HIGHWAY, STE 1500  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Change (X) Addition  
Name: FERNANDEZ-SASTRE, BRYAN  
Address: 9350 SOUTH DIXIE HIGHWAY, STE 1500  
City-St-Zip: MIAMI, FL 33156

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: FRANK J. SEGREDO

MGR

07/30/2007

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