2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L05000058087

Entity Name: WALDEN PALMS, LLC

Current Principal Place of Business:

C/O FRANK J. SEGREDO, ESQ.
9350 SOUTH DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

C/O FRANK J. SEGREDO, ESQ.
9350 SOUTH DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGREDO, FRANK J ESQ.
9350 SOUTH DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156 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: GORRIN, ALVARO
Address: 400 SOUTH DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete
Name: SEGREDO, FRANK J
Address: 9350 SOUTH DIXIE HIGHWAY, SUITE 1500
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete
Name: FERNANDEZ-SASTRE, BRYAN
Address: 13025 S.W. 107TH COURT
City-St-Zip: MIAMI, FL 33176

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: FRANK J SEGREDO MGR 04/25/2006

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