

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000622

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MONTECITO WALDEN MANAGEMENT, LLC

**Current Principal Place of Business:**

7785 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

1307 WEST 6TH STREET, STE 204  
CORONA, CA 92882

**Current Mailing Address:**

7785 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL 32256

**New Mailing Address:**

1307 WEST 6TH STREET, STE 204  
CORONA, CA 92882

FEI Number: 20-4033100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROGERS, WILLIAM S JR.  
7785 BAYMEADOWS WAY, STE 200  
JACKSONVILLE, FL 32256 US

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

ROGERS, WILLIAM S JR.  
1538 THE GREENS WAY, STE 105  
JACKSONVILLE BEACH, FL 32250 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:

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CONK, EDWARD W  
Address: 820 STATE STREET, STE 303  
City-St-Zip: SANTA BARBARA, CA 93101

Title: MGR ( ) Delete  
Name: CONK, JOELLYN  
Address: 820 STATE STREET, STE 303  
City-St-Zip: SANTA BARBARA, CA 93101

Title: MGR ( ) Delete  
Name: CONK, CHRISTOPHER  
Address: 820 STATE STREET, STE 303  
City-St-Zip: SANTA BARBARA, CA 93101

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CONK, EDWARD W  
Address: 5215 N. O'CONNOR BLVD, STE 1785  
City-St-Zip: IRVING, TX 75039

Title: MGR (X) Change ( ) Addition  
Name: CONK, JOELLYN  
Address: 5215 N. O'CONNOR BLVD, STE 1785  
City-St-Zip: IRVING, TX 75039

Title: MGR (X) Change ( ) Addition  
Name: CONK, CHRISTOPHER  
Address: 5215 N. O'CONNOR BLVD, STE 1785  
City-St-Zip: IRVING, TX 75039

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: EDWARD W. CONK

MGR

04/29/2009

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