

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109224

Entity Name: WALDEN POINT, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

2830 BROADWAY CENTER BLVD.
BRANDON, FL 33510 US

New Principal Place of Business:

907 N. PARSONS AVE
BRANDON, FL 33510 US

Current Mailing Address:

2830 BROADWAY CENTER BLVD.
BRANDON, FL 33510 US

New Mailing Address:

907 N. PARSONS AVE
BRANDON, FL 33510 US

FEI Number: 20-5860940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS, RICHARD A
10005 BLOOMFIELD HILLS DR.
SEFFNER, FL 33584 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: JENNINGS, RICHARD
Address: 10005 BLOOMFIELD HILLS DR.
City-St-Zip: SEFFNER, FL 33584 US

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: TERZIU, SHEBAN
Address: 8779 ASHWORTH DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Change (X) Addition
Name: BERHAMAJ, SEJDIN
Address: 25 BELLE MEADE CIR.
City-St-Zip: LARGO, FL 33770

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: RICHARD JENNINGS

MGR

04/22/2008

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