

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109224

Entity Name: WALDEN POINT, LLC

FILED  
Feb 03, 2009  
Secretary of State

**Current Principal Place of Business:**

907 N. PARSONS AVE  
BRANDON, FL 33510 US

**New Principal Place of Business:**

**Current Mailing Address:**

907 N. PARSONS AVE  
BRANDON, FL 33510 US

**New Mailing Address:**

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: MGRM ( ) Delete  
Name: TERZIU, SHEBAN  
Address: 8779 ASHWORTH DR  
City-St-Zip: TAMPA, FL 33647

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

**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 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

02/03/2009

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