

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022277

Entity Name: DADELAND WALK, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

1550 MADRUGA AVE
250
CORAL GABLES, FL 33146

New Principal Place of Business:

1550 MADRUGA AVE
250
CORAL GABLES, FL 33146

Current Mailing Address:

1280 S. ALHAMBRA CIR
2312
CORAL GABLES, FL 33146

New Mailing Address:

1550 MADRUGA AVE
250
CORAL GABLES, FL 33146

FEI Number: 26-0615489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABLES ESTATES TAX & ADVISORY SERV P.A.
1280 S. ALHAMBRA CIR
2312
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

GABLES ESTATES TAX & ADVISORY SERV P.A.
1550 MADRUGA AVE
250
CORAL GABLES, FL 33146 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: XIFEN YU

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: XIFEN, YU
Address: 4300 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: GABLES ESTATES TAX &, ADVISORY SERV I CES PA
Address: 1550 MADRUGA AVE, STE. 250
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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: XIFEN YU

MGRM

03/20/2009

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