

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057449

FILED
Apr 21, 2009
Secretary of State

Entity Name: DEAREN & WALDEN ENTERPRISES, LLC

Current Principal Place of Business:

4801 EXECUTIVE PARK COURT,BLDG 200,STE 207
JACKSONVILLE, FL 32216

New Principal Place of Business:

4801 EXECUTIVE PARK COURT,BLDG 200
SUITE 207
JACKSONVILLE, FL 32216

Current Mailing Address:

4801 EXECUTIVE PARK COURT,BLDG 200,STE 207
JACKSONVILLE, FL 32216

New Mailing Address:

4801 EXECUTIVE PARK COURT,BLDG 200
SUITE 207
JACKSONVILLE, FL 32216

FEI Number: 26-2787054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, TODD
7785 BAYMEADOWS WAY, STE 107
JACKSONVILLE, FL 32256 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: DEAREN, GATES
Address: 12632 MISSION HILLS CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: WALDEN, RICHARD O
Address: 412 BROWARD ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEAREN, GATES
Address: 12632 MISSION HILLS CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

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: GATES DEAREN

MGR

04/21/2009

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