File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. THEFT S. CRETARY OF STATE DIVISION OF COMPRIATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR - 1 AM 10: 36 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 195000000204** 1a. Principal Place of Business Address WALDEN POND DEVELOPMENT, L.C. 1301 S.W. 10TH AVENUE 1301 S.W. 10TH AVENUE BLDG. J BLDG, J DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 03/14/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 22-3425351 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žip Zip Country Country \$8.75 Additional Fee Required 03/25/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name HINNERS, BRIAN J 1301 S.W. 10TH AVENUE Street Address (P.O. Box Number is Not Acceptable) BLDG. J DELRAY BEACH FL 33444 Suite, Apt #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appearance). (N/TIE) Registered Agent signature required when his father) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR FLORIDA AFFORDABLE HOU 1301 S.W. 10TH AVENUE, BLD DELRAY BEACH FL MGR MBI EQUITIES CORP., 725 CUTHBERT BOULEVARD CHERRY HILL NJ adaaa2801770----03/11/99--01008--013 \*\*\*\*188,75 \*\*\*\*188,75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, and that my name appears in Block 10, or on an attachment with an address.

YET FOR PRINTED NAME OF SIGNIES MANACIES MEMBE

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