

2001 UNIFORM BUSINESS REPORT (UBR)

0015263 AT

DOCUMENT # L95000000204

1. Entity Name
WALDEN POND DEVELOPMENT, L.C.

FILED
01 JAN 18 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1301 S.W. 10TH AVENUE
BLDG. J
DELRAY BEACH FL 33444

Mailing Address
1301 S.W. 10TH AVENUE
BLDG. J
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-3425351

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINNERS, BRIAN J
1301 S.W. 10TH AVENUE
BLDG. J
DELRAY BEACH FL 33444

Name
Street Address (P.O. Box Number is Not Acceptable)
900003554299--3
01/18/01--01088--005
City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FLORIDA AFFORDABLE HOUSING, INC.
1301 S.W. 10TH AVENUE, BLDG. J
DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PF \$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MBI EQUITIES CORP.
725 CUTHBERT BOULEVARD
CHERRY HILL NJ 08002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OP 50.00

TITLE
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CITY-ST-ZIP

11. I 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 report is true and accurate and that my 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: *Tom Hinnners* SIGNATURE REQUIRED *Tom Hinnners* 1/10/01 561-278-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)