

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # L95000000204

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



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**



05032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3425351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

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
**MGR
MBI EQUITIES CORP.
725 CUTHBERT BOULEVARD
CHERRY HILL, NJ 08002**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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05/06/05-80041-004 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

TOM HINNERS

5/6/05 561-278-0053