


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000004076			
1. Entity Name EQUILEASE RESIDENTIAL SERVICES, LLC			
Principal Place of Business 18331 PINES BLVD #202 PEMBROKE PINES, FL 33029		Mailing Address 18331 PINES BLVD #202 PEMBROKE PINES, FL 33029	
		BK	
2. Principal Place of Business - Nn P.O. Box #		3. Mailing Address P.O. Box 4248	
Suite, Apt. #, etc.		Suite, Apt. #, etc. WaldenPacific c/o DRAI Enterprises	
City & State		City & State Sunland, CA	
Zip	Country	Zip	Country
		91041	USA
4. FEI Number 20-4818943		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHANCELOR, MARLON D 18331 PINES BLVD #202 PEMBROKE PINES, FL 33029		Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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 <i>Kimberly B. Moret</i>		Kimberly B. Moret as its agent	
Date 4/19/07		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		BK	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALDENPACIFIC PROPERTY TRUST 18331 PINES BLVD #202 PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALDENPACIFIC PROPERTY TRUST PMB#601, 2711 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Susie Hipp</i>		Susie Hipp	
Date 04/19/2007		562.429.7108	
SIGNATURE AND TYPED OR PRINTED NAME OF GOING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

FILED
07 APR 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400097582324





M06000004076

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 837543 7551878

AUTHORIZATION

Lyndee

COST LIMIT : \$50.00

FILED
07 APR 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 5, 2007

ORDER TIME : 1:27 PM

ORDER NO. : 837543-025

CUSTOMER NO: 7551878

RECEIVED
07 APR 19 PM 2:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

BK

NAME: EQUILEASE RESIDENTIAL SERVICES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 2949

EXAMINER'S INITIALS: _____