2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

800097582388

DOCUMENT # M06000004784

1. Entity Name
WALDENPACIFIC ASSET MANAGEMENT, LLC

Principal Place of Business	Mailing Address
18331 PINES BLVD. #202 PEMBROKE PINES, FL 33029	18331 PINES BLVD. #202 PEMBROKE PINES, FL 33029

BK

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 4248
Suite, Apt. #, etc.	Suite, Apt. #, etc.: WaldenPacific c/o ORAI Enterprises
City & State	City & State: Sunland, CA
Zip / Country	Zip: 91041 / Country: USA

04052007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 86-1172007 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHANCELOR, MARC COREY
18331 PINES BLVD. #202
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

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 [signature] Kimberly B. Moret as its agent 4/19/07
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 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	MGR ASHLEIGH CORI & COMPANY, LLC 1500 VIRGINIA DALE HELENA, MT 59601 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Susie Hipp 04/19/2007 562.429.7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC.

CORPORATION SERVICE COMPANY

M06000004784

ACCOUNT NO. : 072100000032

REFERENCE : 837543 7551878

AUTHORIZATION :

COST LIMIT : $ 50.00

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

ORDER DATE : April 5, 2007

ORDER TIME : 1:28 PM

ORDER NO. : 837543-030

CUSTOMER NO: 7551878

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

ANNUAL REPORT FILING

BK

NAME: WALDENPACIFIC ASSET MANAGEMENT, 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: _____