

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 27 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062007 Chg-LP CR2E003 (12/06)

DOCUMENT # A04000000430	
1. Entity Name EDEN GARDENS APARTMENTS LIMITED PARTNERSHIP	



Principal Place of Business 6455 GATEWAY AVENUE SUITE A SARASOTA, FL 34231	Mailing Address 6455 GATEWAY AVENUE SUITE A SARASOTA, FL 34231
---	---

2. Principal Place of Business - No P.O. Box # 19308 SW 380th St.	3. Mailing Address P.O. Box 343529
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FLORIDA CITY, FL	City & State FLORIDA CITY, FL
----------------------------------	----------------------------------

Zip 33034	Country USA	Zip 33034	Country USA
--------------	----------------	--------------	----------------

4. FEI Number 20-0874820	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL INC 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L04000023995 CORKSCREW SANCTUARY, LLC 19308 S.W. 380TH STREET FLORIDA CITY, FL 33034	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ 3/7/2007 305-242-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE