

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000001631

1. Entity Name
EDEN ROC, LLLP



Principal Place of Business
848 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131

Mailing Address
848 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

04182008

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

20-3348580

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN PA
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134

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

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

11000007535736
11/18/05-90054-019 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # P05000113057
NAME KEY EDEN ROC GENERAL PARTNER, INC.
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 700
CITY- ST- ZIP MIAMI, FL 33131

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT # M05000004680
NAME MB EDEN LLC
STREET ADDRESS C/O CURTIS, MALLET-PREVOST, 101 PARK AVE
CITY- ST- ZIP NEW YORK, NY 10178

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

STAPLE CHECK HERE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Diego Ardid 4/21/06 (305) 377-1001