

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 24, 2007 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**



04232007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3348580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

DATE _____

**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

DOCUMENT # **P05000113057**
NAME **KEY EDEN ROC GENERAL PARTNER, INC.**
STREET ADDRESS **848 BRICKELL AVENUE, SUITE 700**
CITY-ST-ZIP **MIAMI, FL 33131**

DOCUMENT # **M05000004660**
NAME **MB EDEN LLC**
STREET ADDRESS **C/O CURTIS, MALLET-PREVOST, 101 PARK AVE**
CITY-ST-ZIP **NEW YORK, NY 10178**

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**U00000728500
05/07/07-80019-020 500.00**

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IN THIS SPACE**

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: *D. J. All*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/07 305 377-1001
Date Daytime Phone #

STAPLE CHECK HERE