


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A05000001631</b> 1. Entity Name <b>EDEN ROC, LLLP</b>	
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Principal Place of Business <b>848 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131</b>	Mailing Address <b>848 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAY 12 AM 10:38



04292008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-3348580</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

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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, 2008, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/08/08--01039--006 ++500.00

**DO NOT WRITE IN THIS SPACE**

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:**  **4-30-8**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #