LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 26 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001118

1. Entity Name

EDEN PARTNER'S LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
450 POLLYWOG POINT	450 POLLYWOG POINT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LABELLE, FL	LABELLE, FL
Zip 33935 Country	Zip 33935 Country

DUE BY MAY 1

4. FEI Number 65-0971525 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EDEN, JAMES S SR

Street Address (P.O. Box Number is Not Acceptable): 450 POLLYWOG POINT

City: LABELLE **FL** Zip Code: 33935

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.

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

9. Capital Contributions as Shown on record. $ 1,500,000

10. Amount of Capital Contributions in FLORIDA to date. $107,982

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #		STREET ADDRESS	
NAME	JAMES S. EDEN, SR. TRUSTEE	CITY-ST-ZIP	400005450094--3
STREET ADDRESS	450 POLLYWOG POINT		-05/03/02--01058--017
CITY-ST-ZIP	LABELLE, FL 33935		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME	GENEVIEVE F. EDEN, TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	450 POLLYWOG POINT		
CITY-ST-ZIP	LABELLE, FL 33935		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS			
CITY-ST-ZIP			IN THIS SPACE
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CITY-ST-ZIP			

CR2E003B (12/01)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James S. Eden, Sr Trustee 4/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #