

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001118</b>					
<b>1. Entity Name</b> EDEN PARTNERS, LTD.					
<b>Principal Place of Business</b> 450 POLLYWOG POINT LABELLE, FL 33935			<b>Mailing Address</b> 450 POLLYWOG POINT LABELLE, FL 33935		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282005    Chg-LP    CR2E003 (10/03)	
<b>4. FEI Number</b> 65-0971525				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
EDEN, JAMES S SR. 450 POLLYWOG POINT LABELLE, FL 33935			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE: <u>JAMES S. EDEN, SR. General Partner</u> DATE: <u>4/4/05</u>					
<b>9. Capital Contributions as Shown on record.</b> \$1,500,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$107,982			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JAMES S. EDEN, SR., TRUSTEE 450 POLLYWOG POINT LABELLE, FL 33935		STREET ADDRESS CITY-ST-ZIP	180000014565 180000014565	
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<b>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.</b>					
SIGNATURE: <u>JAMES S. EDEN, SR. General Partner</u> DATE: <u>4/4/05</u>					

STAPLE CHECK HERE

843-675-7856