


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000001118

1. Entity Name  
 EDEN PARTNERS, LTD.



Principal Place of Business 450 POLLYWOG POINT LABELLE, FL 33935	Mailing Address 450 POLLYWOG POINT LABELLE, FL 33935
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**DO NOT WRITE IN THIS SPACE**



03312006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0971525	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDEN, JAMES S SR.  
 450 POLLYWOG POINT  
 LABELLE, FL 33935

**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: *James S. Eden, Sr. Gen. Partner* X 4/24/06  
Signature, typed or printed name of registered agent and title if applicable. 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	
DOCUMENT #	
NAME	JAMES S. EDEN, SR., TRUSTEE
STREET ADDRESS	450 POLLYWOG POINT
CITY-ST-ZIP	LABELLE, FL 33935
DOCUMENT #	
NAME	GENEVIEVE F. EDEN, TRUSTEE
STREET ADDRESS	450 POLLYWOG POINT
CITY-ST-ZIP	LABELLE, FL 33935
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000563934  
 05/20/06-80034-004 500.00

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: *James S. Eden, Sr.* X 4/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

STAPLE CHECK HERE