


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000001118 1. Entity Name EDEN PARTNERS, LTD.	
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Principal Place of Business 450 POLLYWOG POINT LABELLE, FL 33935	Mailing Address 450 POLLYWOG POINT LABELLE, FL 33935
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03312007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0971525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 # NAME STREET ADDRESS CITY-ST-ZIP	JAMES S. EDEN, SR., TRUSTEE 450 POLLYWOG POINT LABELLE, FL 33935
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENEVIEVE F. EDEN, TRUSTEE 450 POLLYWOG POINT LABELLE, FL 33935
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04/18/07 80015-013-500:00

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: *James S. Eden, Sr.* **James S. Eden, Sr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *4/10/07* **4/10/07** Daytime Phone #: *2863-175-7856* **2863-175-7856**