

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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**

5/1



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DOE BY MAY 1 2003

4. FEI Number
65-0971525

Applied For
Not Applicable

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 33936**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. General Partner* DATE **4/11/03**

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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

**MAKE CHECK PAYABLE TO FL 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	JAMES S. EDEN, SR., TRUSTEE	STREET ADDRESS	
NAME	450 POLLYWOG POINT	CITY - ST - ZIP	
STREET ADDRESS	LABELLE, FL 33935		
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	GENEVIEVE F. EDEN, TRUSTEE	CITY - ST - ZIP	
NAME	450 POLLYWOG POINT		
STREET ADDRESS	LABELLE, FL 33935		
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

400016087324

04/16/03 01009 002 **526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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. General Partner* Date **4/28/03** Daytime Phone # **903-675-7854**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
JAMES S. EDEN, SR. GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (10/02)