

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000017482
 1. Entity Name
 EDEN GARDENS, LLC



Principal Place of Business
 12221 WEST DIXIE HIGHWAY
 NORTH MIAMI, FL 33161

Mailing Address
 12221 WEST DIXIE HIGHWAY
 NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE



02242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-0823248

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GINSPIRG, NORMAN J
 12221 WEST DIXIE HIGHWAY
 NORTH MIAMI, FL 33161

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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. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

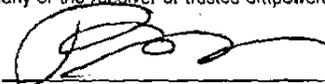
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ESFORMES, PHILIP
STREET ADDRESS	6865 N. LINCOLN AVE.
CITY-ST-ZIP	LINCOLNWOOD, IL 60712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000474877
 04/04/06-80041-007 50.00

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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 managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Philip Esformes 3-16-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #