2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90128 032 ****50.00

DOCUMENT # L04000024112

1. Entity Name

EDEN PROPERTIES, LLC

Principal Place of Business	Mailing Address
310 CASA GRANDE LANE SANTA ROSA BEACH FL 32459	310 CASA GRANDE LANE SANTA ROSA BEACH FL 32459

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
176 ADAMS Way Suite, Apt. #, etc.	176 Adams Way Suite, Apt. #, etc.
City & State: Santa Rosa Beach FL.	City & State: Santa Rosa Beach, FL
Zip: 32459 Country: USA	Zip: 32459 Country: USA

4. FEI Number: 59-3103540 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AULL, DENISE K 310 CASA GRANDE LANE SANTA ROSA BEACH FL 32459	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: Denise K Aull 3/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AULL, DENISE K 310 CASA GRANDE LANE SANTA ROSA BEACH FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

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