2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State
01-13-2006 90036 044 ****50.00

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1. Entity Name
EDEN JULIA, LLC

60001395

01092006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
18911 COLLINS AVENUE, APT. 1801 SUNNY ISLES, FL 33160	18911 COLLINS AVENUE, APT. 1801 SUNNY ISLES, FL 33160

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	145 E 49 ST Suite, Apt. #, etc.
City & State	City & State Hialeah FL
Zip / Country	Zip 33013 / Country

4. FEI Number
20-1004191
☐ 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
BLACK, WILLIAM R ESQ 2691 E. OAKLAND PARK BLVD., STE. 402 FT. LAUDERDALE, FL 33306	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 _____ 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LIDSKY, CARLOS TRUSTEE 18911 COLLINS AVENUE, APT. 1801 SUNNY ISLES, FL 33160	☐ 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 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X _____ 1/9/6 (305) 822-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #