

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071509

FILED
May 02, 2005
Secretary of State

Entity Name: BACK TO EDEN, L.L.C.

Current Principal Place of Business:

803 KENSINGTON DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

803 KENSINGTON DRIVE
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHERENFANT, LEONEL W
803 KENSINGTON DRIVE
ORLANDO, FL 32808 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CHERENFANT, LEONEL W
Address: 803 KENSINGTON DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: MGRM () Delete
Name: LAFRANCE, WILNIDE
Address: 7456 WINDSOME COURT
City-St-Zip: ORLANDO, FL 32810

Title: MGRM () Delete
Name: DUMAS, ROODELSON
Address: 6030 GRAND COULEE ROAD
City-St-Zip: ORLANDO, FO 32810

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LEONEL W. CHERENFANT

MGR

05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date