

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000071509

FILED
Sep 25, 2006
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: 20-3860166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: LEONEL W. CHERENFANT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: MGRM (X) Change () Addition
Name: BRUN, ANDERSON
Address: 5136 BARNET POINT RD
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

09/25/2006

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