2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90353 022 ****50.00

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1. Entity Name
EDENCO, LLC

Principal Place of Business	Mailing Address
14530 MUSTANG TRAIL SW RANCHES, FL 33330	14530 MUSTANG TRAIL SW RANCHES, FL 33330

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	5722 S. flamingo rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 176
City & State	City & State cooper city
Zip / Country	Zip 33330 / Country FL Broward

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number: NOT APPLICABLE — 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
BLOCH, STUART E. C/O BLOCH, MINERLEY & FEIN, P.L. 980 N FEDERAL HWY, STE 412 BOCA RATON, FL 33432	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete ATASH, NISSIM 14530 MUSTANG TRAIL SW RANCHES, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete ATASH, ANAT 14530 MUSTANG TRAIL SW RANCHES, FL 33330	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: Anat Atash 4-28-07 954-9148111

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