

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035018

Entity Name: EDEN CAPITAL INVESTORS, LLC

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

UNIT 27L, 19667 TURNBERRY WAY
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

UNIT 27L, 19667 TURNBERRY WAY
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 01-0833480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, RONALD L
1550 N.E. MIAMI GARDENS DRIVE
SUITE 200 KISLAK NATIONAL BANK BLDG
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

SZPICEK, STUART
19667 TURNBERRY WAY
NO 27L
AVENTURA, FL 33180 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: STUART SZPICEK

03/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES (X) Delete
Name: HADAD, ERIC
Address: 22461 ARCADIA CT.
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: SPTICEK, STUART
Address: 19667 TURNBERRY WAY UNIT 27L
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

Title: P (X) Change () Addition
Name: SPTICEK, STUART
Address: 19667 TURNBERRY WAY UNIT 27L
City-St-Zip: AVENTURA, FL 33180

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: STUART SZPICEK

PRES

03/09/2007

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