


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90068 043 \*\*\*\*50.00

**DOCUMENT # L05000112667**

1. Entity Name  
**EDEN TOURS AND EXCURSIONS, LLC**



Principal Place of Business      Mailing Address  
**8322 NW 68TH STREET**      **8322 NW 68TH STREET**  
**MIAMI, FL 33166**      **MIAMI, FL 33166**

2. Principal Place of Business      3. Mailing Address  
**8322 NW 68TH STR.**      **8322 NW 68TH STR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI**      **MIAMI**  
 Zip      Country      Zip      Country  
**33166**      **FL.**      **33166**      **FL.**



04272006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      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
<b>SMITH, DERRICK</b> <b>8322 NW 68TH STREET</b> <b>MIAMI, FL 33166</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code <b>FL</b>

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 MGR. *Sylvia Rinke* (**SYLVIA RINKE**)      DATE **4/27/06**

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, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, DERRICK 8322 NW 68 STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINKE, SYLVIA 8322 NW 68TH STREET MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sylvia Rinke* (**SYLVIA RINKE**)      Date **4/27/06**      Daytime Phone # **(305) 495 9558**

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