


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90017 027 ***138.75

DOCUMENT # L07000036657	
1. Entity Name EDDENS LIMITED LIABILITY COMPANY	

Principal Place of Business 1835 50TH AVENUE VERO BEACH, FL 32966 US	Mailing Address 1835 50TH AVENUE VERO BEACH, FL 32966 US
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00004974



2. Principal Place of Business - No P.O. Box # 6595 51 st AVENUE	3. Mailing Address 6595 51 st AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State VERO BEACH FLORIDA	City & State VERO BEACH FLORIDA
Zip 32967	Country INDIAN RIVER
Zip 32967	Country INDIAN RIVER

4. FEI Number 41-2236771	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EDDEN, JOEL R 1835 50TH AVENUE VERO BEACH, FL 32966	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDDEN, JOEL R 1835 50TH AVENUE VERO BEACH, FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6595 51 st AVENUE VERO BEACH FLORIDA 32967
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
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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:  **JOEL R. EDDEN** **04/16/08** **772-299-7077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #