2000 UNIFORM BUSINESS REPORT (UBR)

2000	ONIFORM BUSI	ME33 REPU	/N :	(OBN)	<u></u>					
DOCUMENT # L9900000731 1. Entity Name EDEN LAKES, L.C.					*	SECRETARY OF STATE DIVISION OF CORPORATIONS 00 JAN 31 AM 8: 12				
Principal Place	e of Business	Mailing Address			-	00 0/4,4	OI MII O. I	_		
,	OTH STREET. SUITE 205	2189 WEST 60TH STREET. SUITE 205 HIALEAH FL 33016-2692								
						TRACERIO ALA TRUE TRUE TRACE) 20 11/ 20 11/ 20 11/ 20 11/ 20 11/	 	(8 1 181 188)	
2. Principal P	lace of Business	3. Mailing Address			_					
Suite, Apt.	#, etc.	Suite, Apt. #, etc				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEIN	4. FEI Number Applied For Not Applicable				
Zip	Country	Zip Count		ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required			ional		
	6. Name and Address of Current F	Registered Agent			7. Name	and Address of Ne				
				Name						
FERRO, MARIO JR.				Street Address (P.O. Box Number is Not Acceptable)						
2189 WEST 60TH STREET, SUITE 205 HIALEAH FL 33016										
HALEARI PE 55010				City	City FL Zip Code					
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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.										
SIGNATURE Signature hand or cripted game of redictared event and title if applicable (NOTE: Registered Appl. signature required when rejustating) DATE										
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE										
FILE NOW!!! FEE IS \$5 Make Check Payable to Departm						ji ji			Ì	
		Mare Offect Fa	iyable t	o bepartine	int of State					
9.	MANAGING MEMBE		10.		1/2:000		NS/CHANGES		Addition	
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STREET ADDRESS CITY- \$7- ZIP			1	EET ADDRESS (-87-ZIP						
11. Uhereby c	certify that the information supplied with	this filing does not qualify fo	or the exe	motion stated	in Section 119.0	07(3)(i), Florida Statut	es. I further certify that	t the info	ormation	
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 pructee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1/8/00 305556 Yadd										
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER Daytime Phone #										