

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M07000004317**

1. Entity Name  
**EDEN GROUP LTD., LLC**



Principal Place of Business  
**17109 SE LIMRICK COURT  
TEQUESTA, FL 33469**

Mailing Address  
**17109 SE LIMRICK COURT  
TEQUESTA, FL 33469**



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1454732**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BENINCASA, ANTHONY  
17109 SE LIMRICK COURT  
TEQUESTA, FL 33469**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGR**  
NAME  
**BENINCASA, ANTHONY**  
STREET ADDRESS  
**17109 SE LIMRICK COURT**  
CITY-ST-ZIP  
**TEQUESTA, FL 33469**

TITLE  
**MGR**  
NAME  
**MICHELI, MICHAEL J**  
STREET ADDRESS  
**2808 BELL STREET**  
CITY-ST-ZIP  
**ZANESVILLE, OH 43701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000794063  
01/25/08-80033-017 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Anthony Benincasa**

**1-11-08 561-746-0006**

Date

Daytime Phone #