


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000074343	
1. Entity Name MOMS ON EDGE LLC	

Principal Place of Business 1088 MALLARD MARSH DRIVE OSPREY, FL 34229 US	Mailing Address 1088 MALLARD MARSH DRIVE OSPREY, FL 34229 US
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01262007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-2088819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NEITLICH, ANDREW T  
 1088 MALLARD MARSH DRIVE  
 OSPREY, FL 34229

**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)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

UNCODED DATE  
 02/07/07-80003-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEITLICH, ANDREW 1088 MALLARD MARSH DRIVE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEITLICH, ELENA 1088 MALLARD MARSH DRIVE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHIDDON, CARI 4507 CAPTIVA LANE BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Andrew Neitlich Andrew Neitlich 1/28/07 9415399623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #