


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

2/E

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90197 005 \*\*\*\*50.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # L06000017857</b>  |  |  |   |
| 1. Entity Name<br>EDGEWATER 3348, LLC   |  |   |   |
| Principal Place of Business<br>3348 EDGEWATER DRIVE<br>ORLANDO, FL 32804  |  | Mailing Address<br>3348 EDGEWATER DRIVE<br>ORLANDO, FL 32804                      |   |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 4. FEI Number<br>20-4445971   |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent:  |  | 7. Name and Address of New Registered Agent:                                      |   |
| WILLIAM, WARREN E<br>312 WING LANE<br>WINTER PARK, FL 32789   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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   |  | DATE  |   |
| Signature, typed or printed name of registered agent and title if applicable  |  | (NOTE: Registered Agent signature required when reinstating)                      |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |  | Make check payable to<br>Florida Department of State                              |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DEMETREE, MARY L<br>3348 EDGEWATER DRIVE<br>ORLANDO, FL 32804 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>SCHWARTZ, RONALD<br>P.O. BOX 53642B<br>WINTER PARK, FL 32853 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Mary L Demetree</i>   |  | Date  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Daytime Phone #   |   |