

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059368

FILED
May 28, 2009
Secretary of State

Entity Name: NEW EDGE PROPERTIES, LLC

Current Principal Place of Business:

19707 TURNBERRY WAY - # 14-G
AVENTURA, FL 33180

New Principal Place of Business:

SALLOUM BLDG., ST. 1
MONTEVERDE-METN, NA LEBANON

Current Mailing Address:

19707 TURNBERRY WAY - # 14-G
AVENTURA, FL 33180

New Mailing Address:

200 CANYON DRIVE
COLUMBUS, OH 43214

FEI Number: 26-2825242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WYCKOFF LAW FIRM, P.A.
4909 MANATEE AVE WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: SALAME, ANTOINE G
Address: PO BOX 67
City-St-Zip: BOURMANA-METN, NA LEBANON

Title: MR () Change (X) Addition
Name: ABOU ASLI, RAJA
Address: SALLOUM BLDG., ST. 1
City-St-Zip: MONTEVERDE-METN, LEBANON, NA LEBANON

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTIN E BATROSS, ATTORNEY-AT-LAW

AUTH

05/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date