

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -2 AM 10: 23

DOCUMENT # A04000000722					
1. Entity Name EDGE INTERSTATE INVESTMENTS, LLLP					
Principal Place of Business 4062 S. OAKHURST DRIVE HOMOSSASSA, FL 34446			Mailing Address 4062 S. OAKHURST DRIVE HOMOSSASSA, FL 34446		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent PACANA, CHESTER E 4062 S. OAKHURST DRIVE HOMOSSASSA, FL 34446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u>Chester E PACANA MGR</u> DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$460,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000028236			STREET ADDRESS	
NAME	SECOND CHANCE FUNDING, LLC			CITY-ST-ZIP	
STREET ADDRESS	4062 S. OAKHURST DRIVE				
CITY-ST-ZIP	HOMOSSASSA, FL 34446				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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CITY-ST-ZIP					



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4. FEI Number 20115354 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes