2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A17597

1. Entity Name
EDGEWATER BEND ASSOCIATES, LTD.

Principal Place of Business
41 W I-65 SERVICE RD., N.
3RD FLOOR - COLONIAL BANK CENTRE
MOBILE, AL 36608-1201

Mailing Address
P.O. BOX 160306
MOBILE, AL 36616

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

01122005 Chg-LP CR2E003 (10/03)

4. FEI Number
63-0883874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPUS, JOSEPH J III
3298 SUMMIT BLVD
PENSACOLA, FL 32503-4350

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 ______________________ DATE

9. Capital Contributions as Shown on record. $2,172,000.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G00180900081	STREET ADDRESS	
NAME	MITCHELL EQUITIES		
STREET ADDRESS	3298 SUMMIT BLVD #18	CITY-ST-ZIP	H00000867332 05/16/05--80033--001 526.25
CITY-ST-ZIP	PENSACOLA, FL 325034350		
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STAPLE CHECK HERE

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.

SIGNATURE: Steve Quina 4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #