
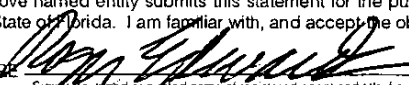
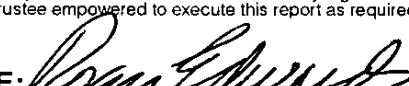


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A97000000111</b> 1. Entity Name <b>EDWARDS PRODUCTS, LTD.</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">2005 MAR -7 P 1:45</div> <div style="font-size: 0.8em;">OFFICE OF THE CLERK OF THE SUPREME COURT STATE OF FLORIDA</div>	
Principal Place of Business P.O. BOX 21458 ST. PETERSBURG FL 33742				Mailing Address P.O. BOX 21458 ST. PETERSBURG FL 33742			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip				City & State Zip			
Country				Country			
4. FEI Number <b>59-3426380</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>EDWARDS, ROGER L 155 5TH AVE. SO. #5 ST. PETERSBURG FL 33701</b>				7. Name and Address of New Registered Agent Name: <b>ROGER L. EDWARDS</b> Street Address (P.O. Box Number is Not Acceptable): <b>6497 CAPE HATTERAS WAY #4</b> City: <b>ST. PETERSBURG</b> FL <b>33702</b>			
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:  <b>ROGER EDWARDS</b> DATE: <b>3/2/05</b>				11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.			
9. Capital Contributions as Shown on record. <b>\$1.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>1.00</b>		<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION							
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		EDWARDS, ROGER L 155 5TH AVE. SO. E5 ST. PETERSBURG FL 33701		STREET ADDRESS CITY-ST-ZIP		<b>6497 CAPE HATTERAS WAY #4</b> <b>ST. PETERSBURG, FL 33702</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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:  <b>ROGER EDWARDS</b> <b>3/2/05</b> <b>727 4184698</b> <div style="font-size: 0.8em; display: flex; justify-content: space-between;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</span> <span>Date</span> <span>Daytime Phone #</span> </div>							

STAPLE CHECK HERE