

2001 UNIFORM BUSINESS REPORT (UBR)

0012354 AF

DOCUMENT # L00000000409

1. Entity Name
EDWARD C. INVESTMENTS, L.L.C.

FILED
01 MAR 15 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
1126 SOUTH FEDERAL HIGHWAY ~~1126 SOUTH FEDERAL HIGHWAY~~
SUITE 259 ~~SUITE 259~~
FT. LAUDERDALE FL 3316 ~~FT. LAUDERDALE FL 3316~~



2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Atlanta, GA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2551062 **Applied For** Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
CONRAD, EDWARD C
1700 S.E. 9TH STREET
FT. LAUDERDALE FL 33316

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARD C. CONRAD 1700 S.E. 9th ST. FT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003912531--4 -03/27/01--01088--002 *****50.00 *****50.00 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER EDWARD C. CONRAD 1700 S.E. 9th ST Ft Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CONRAD HOLDINGS, LLC 1130 HIGHTOWER TRAIL ATLANTA, GA 30350 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O. JOHN TYLER 1130 HIGHTOWER TRAIL ATLANTA, GA 30350 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY NORMAN G. JOHNSON 1130 HIGHTOWER TRAIL ATLANTA, GA 30350 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY SHERYL HESS 1130 HIGHTOWER TRAIL ATLANTA, GA 30350 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4

11. 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 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: SHERYL HESS as Secretary 3-12-01 770-998-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)