

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90126 007 \*\*\*\*50.00

**DOCUMENT # L00000001275**

1. Entity Name  
**EDG, L.L.C.**



Principal Place of Business <b>230 TRADEWINDS DRIVE SANTA ROSA BEACH FL 32459</b>	Mailing Address <b>230 TRADEWINDS DRIVE SANTA ROSA BEACH FL 32459</b>
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**974735**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>189 LOON LAKE DRIVE</b>	3. Mailing Address <b>P.O. Box 1753</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>SANTA ROSA BEACH FL</b>	City & State <b>SANTA ROSA BEACH FL</b>
Zip <b>32459</b>	Country <b>USA</b>

4. FEI Number <b>59-3627835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FLEET, H. BART**  
**1201 EGLIN PARKWAY**  
**SHALIMAR FL 32579**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GYUSTROM, HANS C 230 TRADEWINDS DR. SANTA ROSA BEACH FL 32459</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GYUSTROM, LINDA M 230 TRADEWINDS DR. SANTA ROSA BEACH FL 32459</b>	<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	<b>MGR GYLLSTROM, HANS C. 189 LOON LAKE DRIVE SANTA ROSA BEACH FL 32459</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GYLLSTROM, LINDA M. 189 LOON LAKE DRIVE SANTA ROSA BEACH FL 32459</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *[Signature]* **SIGNATURE REQUIRED: GYLLSTROM 8/10/02 850-267-0305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)