


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000001275  
 1. Entity Name  
 EDG, L.L.C.



Principal Place of Business      Mailing Address  
 189 LOON LAKE DR                      PO BOX 1753  
 SANTA ROSA BEACH, FL 32459      SANTA ROSA BEACH, FL 32459

**DO NOT WRITE IN THIS SPACE**



02182005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3627835	Applied For 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  
 FLEET, SPENCER, MARTIN & KILPATRICK, PA  
 1104 EGLIN PARKWAY  
 SHALIMAR, FL 32579-0000

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GYLLSTROM, HANS C 189 LOON LAKE DR SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GYLLSTROM, LINDA M 189 LOON LAKE DR SANTA ROSA BEACH, FL 32459
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Linda M. Gyllstrom*      LINDA M. GYLLSTROM      2/19/05      404-459-9969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #