

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002072

1. Entity Name
EDEWAARD DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business
**103 NW 2 AVE.
FORT LAUDERDALE, FL 33311 US**

Mailing Address
**103 NW 2 AVE.
FORT LAUDERDALE, FL 33311 US**



01082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0984490

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDEWAARD, CRAIG
103 N.W. 2 AVE
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

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

**U000000273817
03/23/05-80043-009 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
EDEWAARD, C.CRAIG
103 N.W. 2 AVE.
FORT LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____