


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000006331 1. Entity Name EDSA LLC	
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Principal Place of Business 1512 E BROWARD BLVD SUITE 110 FT LAUDERDALE, FL 33301	Mailing Address 1512 E BROWARD BLVD SUITE 110 FT LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC

CR2E083 (10/03)

4. FCI Number 59-1265229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER SUITE 3400 2 S BISCAYNE BLVD MIAMI, FL 33131

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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

U00000186087
01/21/05-80042-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STONE, EDWARD D 1512 E BROWARD BLVD., STE 110 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VENRELL, JOAQUIN R 1000 NW 161 AVE. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **6, Jan 2005** **954-524-3330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #