2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000006331

1. Entity Name
EDSA LLC

Principal Place of Business	Mailing Address
1512 E BROWARD BLVD SUITE 110 FT LAUDERDALE, FL 33301	1512 E BROWARD BLVD SUITE 110 FT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

01152007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-1265229	Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2007
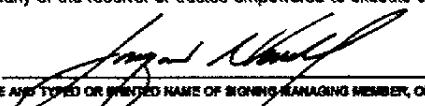
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STONE, EDWARD D
STREET ADDRESS	1512 E BROWARD BLVD., STE 110
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	MGRM
NAME	VENDRELL, JOAQUIN R
STREET ADDRESS	1000 NW 161 AVE.
CITY-ST-ZIP	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	

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01/29/07-30021-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   15 Jan 2007   954-524-3330

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