2001 UNIFORM BUSINESS REPORT (UBR)

000329

AF

DOCUMENT # L00000010600

1. Entity Name

T EDWARDS COMPANIES, LLC

Principal Place of Business	Mailing Address
1534 GOLF TERRACE DR.	1534 GOLF TERRACE DR.
TALLAHASSEE FL 32301	TALLAHASSEE FL 32301

2. Principal Place of Business 3512 Maclay Blvd South

Suite, Apt. #, etc. Suite 102

City & State Tallahassee, Fla

Zip 32312 Country Leon

3. Mailing Address 3512 Maclay Blvd South

Suite, Apt. #, etc. Suite 102

City & State Tallahassee, Fla

Zip 32312 Country Leon

DO NOT WRITE IN THIS SPACE

4. FEI Number [X] Applied For / Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, TOM
1534 GOLF TERRACE DR.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3512 Maclay Blvd South
Suite 102

City Tallahassee FL Zip Code 32312

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.

SIGNATURE _____

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES
TITLE NAME Thomas H. Edwards (MGR) STREET ADDRESS 3512 Maclay Blvd South, Suite 102 CITY-ST-ZIP Tallahassee, Fla 32312	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 500004101353 --05/01/01--01040--015 *****50.00 *****50.00
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CR2E083 (11/00)

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: _TH Edwards_ REQUIRED Date 3/14/01 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE