

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90043 021 \*\*\*\*\*50.00

0065195

**DOCUMENT # L01000001087**



1. Entity Name  
**EDGEWATER SPORTS BAR & GRILL, L.L.C.**

Principal Place of Business <b>4082 CARLYLE LAKES BLVD. PALM HARBOR FL 34685</b>	Mailing Address <b>4082 CARLYLE LAKES BLVD. PALM HARBOR FL 34685</b>
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2. Principal Place of Business <b>1513 LAKE TARPON AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>3747 MULLEN HURST DR</b> Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State <b>TARPON SPRINGS, FL</b>	City & State <b>PALM HARBOR, FL</b>	4. FEI Number - <b>74-2987880</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34689</b>	Country <b>USA</b>	Zip <b>34685</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CRUTCHFIELD, SCOTT 4082 CARLYLE LAKES BLVD. PALM HARBOR FL 34685</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CRUTCHFIELD, SCOTT 4082 CARLYLE LAKES BLVD. PALM HARBOR FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (10/02)