

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 4082 CARLYLE LAKES BLVD. PALM HARBOR FL 34685	Mailing Address 4082 CARLYLE LAKES BLVD. PALM HARBOR FL 34685
---	---

2. Principal Place of Business 1513 LAKE TARPON AVE Suite, Apt. #, etc.	3. Mailing Address 3747 MULLEN HURST DR Suite, Apt. #, etc.
--	--



CHECK HERE IF MAKING CHANGES

City & State TARPON SPRINGS, FL	City & State PALM HARBOR, FL	4. FEI Number - 74-2987880	Applied For <input type="checkbox"/> Not Applicable
---	--	-----------------------------------	--

Zip 34689	Country USA	Zip 34685	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
---------------------	-----------------------	---------------------	-----------------------	---

6. Name and Address of Current Registered Agent CRUTCHFIELD, SCOTT 4082 CARLYLE LAKES BLVD. PALM HARBOR FL 34685	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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	MGR CRUTCHFIELD, SCOTT 4082 CARLYLE LAKES BLVD. PALM HARBOR FL 34685 <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
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
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
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
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

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)