

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005116

1. Entity Name
EDGEWATER PARTNERS LLC



Principal Place of Business

**2363 S.E. OCEAN BLVD.
STUART, FL 34996**

Mailing Address

**2363 S.E. OCEAN BLVD.
STUART, FL 34996**

DO NOT WRITE IN THIS SPACE



05222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1102572

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIFKIN, AVRON C
800 S.E. MONTEREY COMMONS BLVD., STE. 200
STUART, FL 34996**

**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 _____

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GEISINGER, RICHARD C JR.
2363 S.E. OCEAN BLVD.
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROWNLOW, JOSEPH S
2363 S.E. OCEAN BLVD.
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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05/24/04-80008-006 50.00

**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: Richard C. Geisinger, Jr., Managing Member 5/22/04 772/225-6200

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

Date

Daytime Phone #