


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90298 021 ****50.00

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	
2. Principal Place of Business 8 CASTLE HILL WAY Suite, Apt. #, etc.		3. Mailing Address 8 CASTLE HILL WAY Suite, Apt. #, etc.	
City & State SEWALL'S POINT FL		City & State SEWALL'S POINT, FL	
Zip 34996	Country USA	Zip 34996	Country USA
4. FEI Number 65-1102572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent Name RICHARD C. GEISINGER JR Street Address (P.O. Box Number is Not Acceptable) 8 CASTLE HILL WAY City SEWALL'S POINT FL Zip Code 34996	
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 <u><i>Richard C. Geisinger Jr</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEISINGER, RICHARD C JR. 2363 S.E. OCEAN BLVD. STUART, FL 34996 <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	MGR BROWNLOW, JOSEPH S 2363 S.E. OCEAN BLVD. STUART, FL 34996 <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 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: <u><i>Richard C. Geisinger Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4-1-06</u> Daytime Phone # <u>772-215-1094</u>	