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

## DOCUMENT # L0100005116

1. Entity Name

## **EDGEWATER PARTNERS LLC**



Mar 19, 2003 8:00 am Secretary of State
03-19-2003 90043 039 \*\*\*\*50.00 **FILED** 

				OD WE TO						
Principal Place of Business 2363 S.E. OCEAN BLVD. STUART FL 34996		Mailing Address 2363 S.E. OCEAN BLVD. STUART FL 34996	2363 S.E. OCEAN BLVD.							
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nun	4. FEI Number 65-1102572 Applied For Not Applicable				
Zip	Country				5. Certifica	ite of Status Desired		\$5.00 Ad Fee Require	ditional	
-	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New R	egistered A	aent		
					Name					
800	(IN, AVRON C S.E. MONTEREY COMMONS BL\	/D., STE. 200	STE. 200		Street Address (P.O. Box Number is Not Acceptable)					
510	ART FL 34996									
				City			FL	Zip Coc	le	
8. The above the obligati	named entity submits this statement for ons of registered agent.	or the purpose of changing its	registere	ed office or regist	ered agent, or b	poth, in the State of Flo		amiliar with,	and accept	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
		FEE IS \$50.00	)				·			
		orida Departm ay 1, 2003	ent of State							
9. MANAGING MEMBERS/MANAGERS 10.						155770101	011441050		<u> </u>	
<del>,</del> 7	MGR WENTER		_		· ·	ADDITIONS/	CHANGES			
NAME: STREET POORESS CITY-ST-ZIP	GEISINGER, RICHARD C JR. 2363 S.E. OCEAN BLVD. STUART FL 34996	☐ Delete						Change	☐ Addition }	
TITLE NAME STREET ADDRESS	MGR BROWNLOW, JOSEPH S 2363 S.E. OCEAN BLVD.	☐ Delete	TITLE NAME STREE	Į.	·	<del></del>		☐ Change	Addition	
CITY-ST-ZIP	STUART FL 34996	<del></del>	CITY-	ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	e give it exercise roun	☐ Defete			t and a second	حمل بها الله الله الله	e and the second	- Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	This that the information of the city	☐ Delete		į.				☐ Change	Addition	

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:** 

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTIME REGichard C. Geisinger, Jr.

3/17/03

772/215-1094