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

DOCUMENT # L01000008403

EDWARDS CONSULTING, L.L.C.

1. Entity Name

FILED May 29, 2002 8:00 am Secretary of State 04-22-2002 90162 036 ****50.00

2. Principal P	O NOT WRITE	3. Mailing Address			,	86807
15300EMERALD COAST PK Suite, Apt. #, etc. UNIT 1103		W1530 EMERALD COAST PK Suite, Apt. #, etc. UNIT 1103		WY DO NOT WRITE IN THIS SPACE		
City & State DESTIN, FL		City & State DESTIN, FL			4. FEI Number 59 – 37,28920	Applied For Not Applicable
^{Zip} 32541	Country	^{Zip} 32541	Country		6. Certificate of Status Desired	\$5.00 Additional Fee Required
	DO NOT W IN THIS SI	PACE		ST CR		WY, UNIT 1103 LLS FL 32541
SIGNATURE _	named entity submits this statement		le. FEE IS \$50	D.00 Pepartment	egistered agent, or both, in the State of F DATE of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MANAGING MEMBER BOB EDWARDS 15300 EMERALD C DESTIN, FL 325	OAST PKWY U	13,1328			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the same of	TITLE NAME STRE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			19,000,000		DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			(\$3.144.15)		IN THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			69,000,000,00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	rlify that the information supplied with		CITY	ET ADORESS. ST-ZIP		

ection 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: Bob Edenoid	5/1	7-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT	TATIVE	Date

5/10/02

850-650-4445

Daytime Phone #

STF FL32519F.1