

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90257 009 ****50.00

DOCUMENT # L01000008403

1. Entity Name
EDWARDS CONSULTING, L.L.C.



Principal Place of Business
15300 EMERALD COAST PARKWAY, UNIT 1103
DESTIN, FL 32541

Mailing Address
15300 EMERALD COAST PARKWAY, UNIT 1103
DESTIN, FL 32541



2. Principal Place of Business
9500 GRAND SANDESTIN BLVD

3. Mailing Address
9500 GRAND SANDESTIN BLVD

Suite, Apt. #, etc.
STE 2811

Suite, Apt. #, etc.
STE 2811

03142006 Chg-LLC CR2E083 (11/05)

City & State
SANDESTIN FL

City & State
SANDESTIN FL

4. FEI Number
26-0064687

Applied For
Not Applicable

Zip
32550

Country

Zip
32550

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, BOB
15300 EMERALD COAST PARKWAY, UNIT 1103
ST. CROIX AT SILVER SHELLS
DESTIN, FL 32541

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 _____

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

MGRM
EDWARDS, BOB
15300 EMERALD COAST PARKWAY, UNIT 1103
DESTIN, FL 32541

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9500 GRAND SANDESTIN BLVD, STE 2811
SANDESTIN, FL 32550

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: Bob Edwards

3-15-06

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

Date

Daytime Phone #