
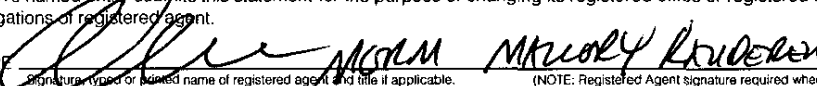


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

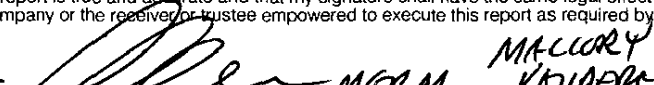
**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90014 044 \*\*\*\*50.00

<b>DOCUMENT # L01000008918</b>			
1. Entity Name EDGEWATER STUDIOS, L.L.C.			
Principal Place of Business 500 15TH STREET # 1 MIAMI BEACH FL 33139		Mailing Address 500 15TH STREET # 1 MIAMI BEACH FL 33139	
2. Principal Place of Business 423 NE 23rd ST Suite, Apt. #, etc.		3. Mailing Address 423 NE 23rd ST. Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33137	Country	Zip 33137	Country
6. Name and Address of Current Registered Agent REGENTS PARK PROPERTY, INC. 500 15TH STREET #1 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: REGENTS PARK INVESTMENTS LLC Street Address: 423 NE 23rd ST. City: MIAMI FL Zip Code: 33137	
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:  MGRM MALLORY KAUDERER 4/20/04 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUDERER, MALLORY 500 15TH STREET, #1 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUDERER, MALLORY 423 NE 23rd ST MIAMI, FL- 33137 <input checked="" 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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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

11. 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:  MGRM MALLORY KAUDERER 4/20/04 305 573-3399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #