

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010155

Entity Name: EDGEWOOD VENTURE, L.C.

FILED  
Jan 14, 2004  
Secretary of State

## Current Principal Place of Business:

2128 EDGEWOOD DRIVE, SUITE 109  
LAKELAND, FL 33803

## New Principal Place of Business:

## Current Mailing Address:

225 E. LEMON ST.  
STE 210  
LAKELAND, FL 33801

## New Mailing Address:

FEI Number: 59-3721585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITMAN, HOWE D  
1400 GRASSLANDS BLVD., UNIT 37  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

WHITMAN, HOWE D  
3067 GRASSLANDS DRIVE  
LAKELAND, FL 33803 US

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.

SIGNATURE: HOWE D. WHITMAN

01/14/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: WHITMAN, HOWE D  
Address: 1400 GRASSLANDS BLVD., #37  
City-St-Zip: LAKELAND, FL 33803

Title: MGR ( ) Delete  
Name: RODDA, MR. JOHN A  
Address: 2128 E. EDGEWOOD DR., #109  
City-St-Zip: LAKELAND, FL 33803

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WHITMAN, HOWE D  
Address: 3067 GRASSLANDS DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HOWE D. WHITMAN

MGR

01/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date