

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90224 005 ****50.00

DOCUMENT # L01000015644

1. Entity Name
EDGEWATER SUITES, L.L.C.



Principal Place of Business
341 VENICE AVE. WEST
VENICE, FL 34285

Mailing Address
341 VENICE AVE. WEST
VENICE, FL 34285



2. Principal Place of Business
Edgewater Center
Suite, Apt. #, etc.
1460 S. McCAH RD.
City & State
4-D. ENGLEWOOD

3. Mailing Address
P.O. Box 2082
Suite, Apt. #, etc.
CALEDONIA
City & State
ONTARIO

01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
80-0031153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
Zip *FLA 34223* Country *U.S.A.* Zip *N3W-2G6* Country *CANADA*

6. Name and Address of Current Registered Agent

KLINGBEIL, ROBERT T JR.
341 VENICE AVE. WEST.
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name *PETER L. BEZEMER*
Street Address (P.O. Box Number is Not Acceptable)
1460 S. McCAH RD. # 4-D.
ONTARIO ENGLEWOOD - FLA.
City *CALEDONIA ONTARIO FL 34223*

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 *PETER L. BEZEMER*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/9/04*

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | BEZEMER, PETER L | |
| STREET ADDRESS | P O BOX 2082 CALEDONIA | |
| CITY-ST-ZIP | ONTARIO CANADA, CA n3w 2g6 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

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

Date

Daytime Phone #