

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-12-2004 90224 006 ****50.00

DOCUMENT # L01000015647

1. Entity Name
EDGEWATER 2000, L.L.C.



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

Mailing Address
341 VENICE AVE. WEST
VENICE, FL 34285

24019395



Principal Place of Business
EDGEWATER Centro.

3. Mailing Address

Suite, Apt. #, etc.
4-D - 1460 S. McCall Rd.

Suite, Apt. #, etc.

City & State
FLA

City & State

Zip
33223

Country
USA

Zip

Country

01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1150675

Applied For
Not Applicable

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

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

Name
PETER L. BEZEMER

Street Address (P.O. Box Number is Not Acceptable)
1460 S. McCall Rd. #4-D

PORTLAND, OREGON 97202 (34-223)

City
PORTLAND OREGON FL 34206

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

4/04/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
BEZEMER, PETER L
P O BOX 2082 CALEDONIA
ONTARIO, CA n3w 2g6 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 #