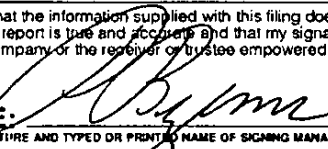


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

04-20-2005 90035 018 ****50.00

DOCUMENT # L01000015647			
1. Entity Name EDGEWATER 2000, L.L.C.			
Principal Place of Business EDGEWATER CENTER 4-D 1460 S. MCCALL RD. ENGLEWOOD FL 34223		Mailing Address 341 VENICE AVE. WEST VENICE FL 34285	
2. Principal Place of Business EDGEWATER CENTER Suite, Apt. #, etc. 6800 S. McCall Rd #4D		3. Mailing Address P.O. Box 2082 Suite, Apt. #, etc. CALEDONIA	
City & State ENGLEWOOD FLA		City & State ONTARIO	
Zip 33223 Country U.S.A		Zip N3W-194 Country CANADA	
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 BEZEMER, PETER L 1460 S. MCCALL RD #4-D ENGLEWOOD FL 34223		7. Name and Address of New Registered Agent Name: PETER L. BEZEMER Street Address (P.O. Box Number is Not Acceptable) 1460 SOUTH McCall Rd - #D-4 City: ENGLEWOOD, FLORIDA Zip: 33223	
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, the undersigned, do hereby certify that the information is true and correct.			
SIGNATURE: PETER L. BEZEMER		DATE: 4/09/05	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
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 STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date: Mar 9/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	