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	Mailing Address
EDGEWATER CENTER 4-D 1460 S. MCCALL RD. ENGLEWOOD FL 34223	341 VENICE AVE. WEST VENICE FL 34285

2. Principal Place of Business		3. Mailing Address	
EDGEWATER CENTER		P.O. BOX 2082	
Suite, Apt. #, etc. 6800 S. McCall Rd #4D		Suite, Apt. #, etc. CALEDONIA	
City & State ENGLEWOOD FLA		City & State ONTARIO	
Zip 33223	Country U.S.A	Zip N3W-1M4	Country CANADA

1st MOORE CR2E083 (10/04)

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 Code 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 am familiar with, and accept the obligations of registered agent.

SIGNATURE PIETER L. BEZEMER. 4/09/05.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: [signature] Mar 9/05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #