


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000019340</b> 1. Entity Name <b>EDGEWATER MANAGEMENT, LLC</b>	
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Principal Place of Business <b>708 EDGEEMERE LANE SARASOTA FL 34242</b>	Mailing Address <b>708 EDGEEMERE LANE SARASOTA FL 34242</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent  <b>GIACOMAZZI, GIOVANNA 708 EDGEEMERE LANE SARASOTA FL 34242</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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4. FEI Number <b>65-1152767</b>	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>THE GIOVANNA M GIACOMAZZI REVOCABLE LIVING</b>		NAME		
STREET ADDRESS	<b>708 EDGEEMERE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>		CITY-ST-ZIP		
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04/18/06-80053-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Giovanna Giacomazzi TEE 3/30/06 (94) 374 3401