

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90060 027 \*\*\*150.00

**DOCUMENT # L01000020465**

1. Entity Name  
**EDGEWATER 461, L.L.C.**



Principal Place of Business  
**8500 S.W. 8TH ST., STE. 218  
MIAMI, FL 33144**

Mailing Address  
**8500 S.W. 8TH ST., STE. 218  
MIAMI, FL 33144**

**24055324**

2. Principal Place of Business  
**10200 NW 25 St  
Suite, Apt. #, etc.  
204**

3. Mailing Address  
**10200 NW 25 St  
Suite, Apt. #, etc.  
204**

03032004 Chg-LLC CR2E083 (10/03)

City & State  
**Miami, FL**  
Zip  
**33172**

City & State  
**Miami, FL**  
Zip  
**33172**

4. FEI Number  
**03-0099545**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PRATS-VAZQUEZ, DULCE  
8500 S.W. 8TH ST., STE. 218  
MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**10200 NW 25 St  
Suite 204  
City Miami FL Zip Code 33172**

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 Dulce Prats-Vazquez

4-21-04

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
VAZQUEZ, DULCE PRATS  
8500 SW 8 ST., STE 218  
MIAMI, FL 33144** ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10200 NW 25 St Suite 204  
Miami, FL 33172** ☒ 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 ☐ 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: Dulce Prats-Vazquez

4-21-04

305-463-7700

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

Date

Daytime Phone #