

5/12

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2002 8:00 am
Secretary of State

05-12-2002 90587 019 ****50.00

DOCUMENT # L01000020693

1. Entity Name

EDGEWATER PROPERTY MANAGEMENT, L.L.C.

Principal Place of Business

**6170 EDGEWATER DRIVE
ORLANDO FL 32810**

Mailing Address

**6170 EDGEWATER DRIVE
ORLANDO FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0020487

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

**MOSS, THOMAS P ESQUIRE
C/O FLORIDA LEGAL GROUP, P.A.
538 VIRGINIA DRIVE
ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Donna S. Highsmith	
STREET ADDRESS	3022 Troy Dr.	
CITY-ST-ZIP	Orlando, FL 32806	

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Richard M. Highsmith	
STREET ADDRESS	3022 Troy Dr.	
CITY-ST-ZIP	Orlando, FL 32806	

TITLE	President	<input type="checkbox"/> Delete
NAME	Russell A. Glottelty	
STREET ADDRESS	830 Wilkinson St.	
CITY-ST-ZIP	Orlando, FL 32803	

TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	James E. Sandidge	
STREET ADDRESS	830 Wilkinson St.	
CITY-ST-ZIP	Orlando, FL 32803	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Donna S. Highsmith*

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

4/20/02

Date

(407) 523-6700

Daytime Phone #

CR2E083 (9/01)