## FILED Apr 21, 2002 8:00 am Secretary of State

03-13-2002 90095 019 \*\*\*\*55.00

LIMIT	TED LIAE	BILITY CO	MPANY	•
*UNIFOR	M BUSIN	IESS REF	ORT (U	BR)

L01000021677 DOCUMENT # 1. Entity Name EDELWEISS PROPERTIES, L.L.C. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business
1003 Fourth 3. Mailing Address
PO BOX 291616 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Port Orake Sity & State 4. FEI Number Applied For ort Orange 80 - 00 36 888 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Port Orange 'FL 8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS Manager/Owner Gerhard Bodo Heukerott TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS 1003 CITY-ST-ZIP CITY-ST-ZIP Port TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS ÇITY-ST-ZIP CITY-ST-ZIP TITLE nne NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.