2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90085 014 ***138.75

DOCUMENT # L02000019691

1. Entity Name
EDELANO, LLC

60017487

Principal Place of Business	Mailing Address
201 OWENS AVENUE ST. AUGUSTINE, FL 32034	6501 NASSAU ST. ST. AUGUSTINE, FL 32034

03132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAX CO.
ATTN: SHARON R. HENDERSON
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MERWIN, JACK
STREET ADDRESS	6501 NASSAU ST.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	MGR
NAME	HAMILTON, PATRICK
STREET ADDRESS	6989 CHARLES ST.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	MGR
NAME	PARSONS, BOB
STREET ADDRESS	10 MONTRANO AVE.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	MGR
NAME	MCDANIEL, PHILIP
STREET ADDRESS	51 WATER ST.
CITY-ST-ZIP	SAINT AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jack M. Merwin 3/13/08 904 471-0389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #