2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2007
Secretary of State

DOCUMENT# L02000032501

Entity Name: EDISON '59 T/A, SANTOS ASSOCIATES-ACCOUNTANTS, LIMITED COMPANY

Current Principal Place of Business:

4641 SO UNIVERSITY DRIVE
DAVIE, FL 333283817 US

New Principal Place of Business:

Current Mailing Address:

4641 SO UNIVERSITY DRIVE
DAVIE, FL 333283817 US

New Mailing Address:

FEI Number: 59-1483079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARD J. SANTOS
4641 SO UNIVERSITY DRIVE
DAVIE, FL 333283817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SANTOS, EDWARD J G/M	
Address:	4641 S. UNIVERSITY DRIVE	
City-St-Zip:	DAVIE, FL 333283817	
Title:	MGRM	( ) Delete
Name:	SANTOS, PATRICIA A AST G/M	
Address:	4641 S. UNIVERSITY DRIVE	
City-St-Zip:	DAVIE, FL 333283819	
Title:	MGRM	( ) Delete
Name:	HURST, BETH A 1STVG/M	
Address:	4641 SO UNIVERSITY DRIVE	
City-St-Zip:	DAVIE, FL 333283817	
Title:	MGRM	( ) Delete
Name:	GOLIS, PATRICIA A 2NDVG/M	
Address:	4641 SO UN IVERSITY DRIVE	
City-St-Zip:	DAVIE, FL 333283817	
Title:	MGRM	( ) Delete
Name:	STEVENS, SUSAN A 3RDVG/M	
Address:	4641 SO UNIVERSITY DRIVE	
City-St-Zip:	DAVIE, FL 333283817	
Title:	MGRM	( ) Delete
Name:	SANTOS, EDNA A 4THVG/M	
Address:	4641 SO UNIVERSITY DRIVE	
City-St-Zip:	DAVIE, FL 333283817	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ED SANTOS MGRM 02/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date