## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **ANNUAL REPORT** 08 MAR 31 AM 9:49 **DOCUMENT # L03000021545** 1. Entity Name SECRETARY OF STATE THE EDGE, LLC TALLAHASSEF, FLORIDA Principal Place of Business Mailing Address 1429 HIGHLAND DRIVE P.O. BOX 12563 TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 03072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0617518 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TALLAHASSEE, FL 32317 202 DO NOT WRITE IN THIS SPACE 8. The above named antity 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 begistered agent. SIGNATURE (NOTE: Regulated Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE DICKINSON, BRENDA D NAME 1428 HIGHLAND DRIVE 1427 PINE ST. STREET ADDRESS 000121682170 03/31/08--01006--015 \*\*138.75 TALLAHASSEE, FL 32347 32303 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: <u>Drenda D. Duckenson</u>

STREET ADORESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3-28-08

50-264-2184

FILED