2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 17, 2004 8:00 am Secretary of State 04-23-2004 90012 045 ****50.00

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DOCUMENT # L03000036884 1. Entity Name EDGEWATER HARBOR, L.L.C.							04 90012		*50.00
Principal Place of Business Mailing Address					34006414				
2 JUNGLE HUT ROAD, SUITE 3 PALM COAST, FL 32137 2 JUNGLE HUT ROAD, SUITE 3 PALM COAST, FL 32137									
									HAH
2. Principal Place of Business		3. Mailing Address					N 888 85 WH 1918		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132004	Chg-LLC	CR2E083	3 (10/03)	
City & State		City & State			4. FEI Numbe	20-097	2121		Applicable
Zip Country		Zip Cou		trv		of Status Desired	\$!	5.00 Addit	tional
6. Name and Address of Current F		egistered Agent			7. Name and	Address of New F			
MCMILLAN, ROBERT E.W. III				Name					
2 JUNGLE HUT ROA PALM COAST, FL 32	Stree		Street Address (P.O. Box Numbe	r is Not Acceptable	e)			
			City			FL	Zip Code		
8. The above named entity	ed office or register	red agent, or bot	h, in the State of FI		miliar with, a	and accept			
8. The above named entity submits this statement for the pyroose 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 Signature, types or priving name of registered agent and trie if applicable (NOTE Registered Agent agent and trie if applicable (NOTE Registered Agent agent are remetating) OATE									
Filing Fee is Due by May				i.		re check pay a Departmer		·	
9.	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
MARE WORKY E.W. MCWINAN Delete			TTT MAN	-			(Change	Addition
STREET ADDRESS J. June 31	32137		EET ADDRESS /-ST-ZIP						
TITLE MG-18			tite					Change	Addition
HAME DEPARTMENT STREET ADDRESS & Jun C	K	MAA STR	EET AODRESS					İ	
		cm	r-S1-ZIP		· · · · · · · · · · · · · · · · · · ·				
TIFLE Delete				.E AE			_ '	Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADORESS 1-ST-ZIP					
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TITLE NAME		☐ Defete	TITE	1			l	Change	Addition
STREET ADDRESS			•	REET ADDRESS					
CITY-SI-ZIP TITLE		☐ Delete	TIT	Y-\$T-ZIP LE				☐ Change	Addition
NAME			NA.	VE REET ADDRESS		•			
STREET ADDRESS CITY-ST-ZIP			CIT	Y-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.									
1 / tolas Al									
SIGNATURE: 5/21/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Que Dayone Prove o									