

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90022 010 ****50.00

DOCUMENT # L03000036884	
1. Entity Name EDGEWATER HARBOR, L.L.C.	

Principal Place of Business 2 JUNGLE HUT ROAD, SUITE 3 PALM COAST, FL 32137	Mailing Address 2 JUNGLE HUT ROAD, SUITE 3 PALM COAST, FL 32137
---	---

2. Principal Place of Business 1010 Ocean Shore Blvd.	3. Mailing Address 1010 Ocean Shore Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ormond Beach, F.L.	City & State Ormond Beach, F.L.
Zip 32176	Zip 32176
Country	Country



03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0972121		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MCMILLAN, ROBERT E.W. III 2 JUNGLE HUT ROAD, SUITE 3 PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1010 Ocean Shore Blvd. City Ormond Beach FL Zip Code 32176

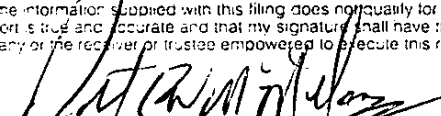
8. The above named entity supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS, MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMILLAN, ROGER E 2 JUNGLE HUT RD PALM COAST, FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1010 Ocean Shore Blvd. Ormond Beach, F.L. 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHELBRINK, DANNY 2 JUNGLE HUT RD PALM COAST, FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1010 Ocean Shore Blvd. Ormond Beach, F.L. 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 60B, Florida Statutes.

SIGNATURE:  **4/14/05 (386) 441-2507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #