

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90043 014 \*\*\*\*50.00

<b>DOCUMENT # L03000057162</b> 1. Entity Name <b>JERRY EDGE MULCAHY, LLC</b>					
Principal Place of Business <b>6307 HOME AT LAST LANE CRESTVIEW, FL 32539</b>			Mailing Address <b>6307 HOME AT LAST LANE CRESTVIEW, FL 32539</b>		
2. Principal Place of Business <b>6360 LAKE ELLA Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>6360 LAKE ELLA Rd</b> Suite, Apt. #, etc.			
City & State <b>CRESTVIEW FLA</b> Zip <b>32539</b>		City & State <b>CRESTVIEW FLA</b> Zip <b>32539</b>		4. FEI Number <b>59-3644221</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>OKALOOSA</b>		Country <b>OKALOOSA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MULCAHY, JERRY EDGE 6307 HOME AT LAST LANE CRESTVIEW, FL 32539</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Jerry Edge Mulcahy</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/28/05</u>					
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	MGR <b>MULCAHY, JERRY EDGE</b> <b>6307 HOME AT LAST LANE</b> <b>CRESTVIEW, FL 32539</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
SIGNATURE: <u><i>Jerry Edge Mulcahy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/28/05</u> <small>Daytime Phone #</small>		

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