

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004962

Entity Name: EDMAR INVESTMENTS, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4605 NORFOLK IS. PINE DR
TAMARAC, FL 33319

New Principal Place of Business:

4605 NORFOLK IS. PINE DR
TAMARAC, FL 33319 US

Current Mailing Address:

4605 NORFOLK IS. PINE DR
TAMARAC, FL 33319

New Mailing Address:

4605 NORFOLK IS. PINE DR
TAMARAC, FL 33319 US

FEI Number: 43-2040321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, EDWARD
4605 NORFOLK ISLAND PINE DRIVE
TAMARAC, FL 33319 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: BROWN, ED
Address: 4605 NORFOLK ISLAND PINE DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: MGRM () Delete
Name: BROWN, MARYELLE
Address: 4605 NORFOLK ISLAND PINE DRIVE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, ED
Address: 4605 NORFOLK ISLAND PINE DRIVE
City-St-Zip: TAMARAC, FL 33319 US

Title: MGRM (X) Change () Addition
Name: BROWN, MARYELLE
Address: 4605 NORFOLK ISLAND PINE DRIVE
City-St-Zip: TAMARAC, FL 33319 US

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD BROWN

MGRM

04/16/2009

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