2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400006302



FILED Apr 27, 2005 8:00 am Secretary of State

SID EDWARDS ENTERPRISES, LLC						04-27-2005	90043 00)3 ****5	0.00
Principal Place 5927 LANCE PANAMA CITY	SREET	Mailing Address 5927 LANCE SREET PANAMA CITY, FL 32404 US							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-LLC	CR2E083	3 (10/03)	
City & State		City & State			4. FEI Number	02057	<u> </u>		olied For Applicable
Zip	Country	Žip Count				f Status Desired	□ \$	5.00 Addi	
	6. Name and Address of Current F	legistered Agent			7. Name and /	lddress of New R	egistered Ag	ent	
EDWARDS, SIDNEY R				Name					
5927 LANG	CE STREET CITY, FL 32404			Street Address (F	O. Box Number	is Not Acceptable)		
			-	City			FL	Zip Code	,
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 Signature, typed or printed name of registered agent and dise if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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	ling Fee is \$50.00 ue by May 1, 2005						e check pay Departmen	-	•
9.	MANAGING MEMBER	RS/MANAGERS	/MANAGERS 10.		<u> </u>	ADDITIONS/	CHANGES		
TITLE	MGR	Delete	MLE	ļ			Į	Change	☐ Addition
NAME STREET ADORESS	EDWARDS, SIDNEY R 5927 LANCE STREET		NAME STREET	ADDRESS					1
CITY-ST-ZIP				r-ZIP					
TITLE	MGRM	Delete	MLE					☐ Change	☐ Addition
NAME	EDWARDS, DELORES J	•	NAME	*DODGCCC					
STREET ADORESS CITY-ST-ZIP	5927 LANCE STREET PANAMA CITY, FL 32404		CITY-ST	ADDRESS T-ZIP					
TITLE		☐ Delete	TILE		······			Change	Addition
NAME			NAME						
CITY-ST-ZIP			STREET CITY-ST	ADDRESS T-7IP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME		C Culcu	NAME						_
STREET ADORESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	1-21	<u> </u>			☐ Change	☐ Addition
TITLE NAME		☐ Delete	TTTLE NAME				'		
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP		<u>-</u>	CITY-S	T-ZIP					□ • • •
TITLE NAME		☐ Ociete	TITLE NAME				i	Change	Addition
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S						
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 tipe receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: FLANLY VC. Edwards 4-19-2005									
]	SIGNATURE/AND TYPED OR PRINTED NAME OF	F BIQHING MANAGING MEMBER, MA	ANAGER, OR A	UTHORIZED REPRESE	ENTATIVE	Deta	Deg	ytime Phone 4	