

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000014117		
1. Entity Name ED LEWIS, LLC		

FILED

06 JAN 24 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/04)

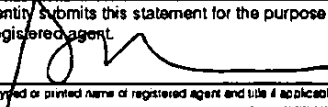
Principal Place of Business 99611 OVERSEAS HWY, #213 KEY LARGO FL 33037	Mailing Address 99611 OVERSEAS HWY, #213 KEY LARGO FL 33037
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2. Principal Place of Business 25B Rose Place Suite, Apt. #, etc.	3. Mailing Address PO Box 368 Suite, Apt. #, etc.
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City & State KEY LARGO	City & State KEY LARGO, FL	4. FEI Number 200924341	Applied For ☐ Not Applicable
Zip 33037	County MONROE	Zip 33037	County MONROE

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTIERREZ, SALVADOR 99611 OVERSEAS HWY, #213 KEY LARGO FL 33037	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 25B Rose Place City Key Largo FL Zip Code 33037
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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 	DATE 02/10/05
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTIERREZ, SALVADOR 99611 OVERSEAS HWY, #213 KEY LARGO FL 33037 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gutierrez, Salvador 25B Rose Place Key Largo, FL 33037 ☒ 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
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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 608, Florida Statutes.

SIGNATURE: 	SALVADOR GUTIERREZ JR 02/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

305 US 1706