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

Principal Place of Business	Mailing Address
99611 OVERSEAS HWY, #213 KEY LARGO FL 33037	99611 OVERSEAS HWY, #213 KEY LARGO FL 33037

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
25B Rose Place	PO Box 368
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo	City & State: ~~FL~~ Key Largo, FL
Zip: 33037 Country: MONROE	Zip: 33037 Country: MONROE

4. FEI Number: 200924341 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTIERREZ, SALVADOR 99611 OVERSEAS HWY, #213 KEY LARGO FL 33037	Name Street Address (P.O. Box Number is Not Acceptable): 25B Rose Place City: Key Largo FL Zip Code: 33037

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 _____ 02/10/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	600065096281 02/02/06--01036--013 **50.00	☐ 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 02/00/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

305 451 1708