

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000014400</b> 1. Entity Name <b>DANIEL EDWARDS BUILDING CONSULTANT LLC</b>					
Principal Place of Business <b>325 75TH STREET NORTH ST. PETERSBURG FL 33710 US</b>			Mailing Address <b>325 75TH STREET NORTH ST. PETERSBURG FL 33710 US</b>		
2. Principal Place of Business - No P.O. Box # <b>ABOVE ↑</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip      Country      Zip      Country <b>PINELLAS</b>			
4. FEI Number <b>20-0753545</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		1st MOORE      CR2E083 (10/07)			
6. Name and Address of Current Registered Agent  <b>EDWARDS, DANIEL 325 75TH STREET NORTH ST. PETERSBURG FL 33710</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <small>Signature: If person or printed name of registered agent and if applicable (NOTE: Registered Agent's signature required when reappointing)</small> DATE					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EDWARDS, DANIEL 325 75TH STREET NORTH ST. PETERSBURG FL 33710</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000864189 04/04/08-80003-018 138.75</b>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**EDWARDS**      **FB-408**