


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90054 030 ****50.00

DOCUMENT # L04000023257	
1. Entity Name EDMUNDS COLLECTION, LLC	

Principal Place of Business 180 ROYAL PALM WAY, STE. 201 PALM BEACH, FL 33480	Mailing Address 180 ROYAL PALM WAY, STE. 201 PALM BEACH, FL 33480
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

20051371

04282005 Chg-LLC CR2E083 (10/03)



4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required														
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4"> TARONE, THEODORE T ESQ 180 ROYAL PALM WAY, STE. 201 PALM BEACH, FL 33480 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2"> FL Zip Code </td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		TARONE, THEODORE T ESQ 180 ROYAL PALM WAY, STE. 201 PALM BEACH, FL 33480		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent													
TARONE, THEODORE T ESQ 180 ROYAL PALM WAY, STE. 201 PALM BEACH, FL 33480		Name													
		Street Address (P.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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Authorized Person** **4-28-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #