

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000026288

1. Entity Name  
YOLANDA EDWARDS LIMITED LIABILITY COMPANY



Principal Place of Business  
9001 FOX BROWN RD  
INDIAN TOWN, FL 34957

Mailing Address  
P.O. BOX 271  
PALM CITY, FL 34991

2. Principal Place of Business

same 9001 Fox Brown

3. Mailing Address

P.O. Box 271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indiantown FL

City & State

Palm City FL

Zip

34956

Zip

34991

Country

martin

Country

martin

6. Name and Address of Current Registered Agent

EDWARDS, YOLONDA  
9001 FOX BROWN RD  
INDIAN TOWN, FL 34957

4. FEI Number

266-89-2886

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 Yolande Edwards

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, YOLONDA P.O. BOX 271 PALM CITY, FL 34991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50000600033835 09/28/05-01010--001 **\$50.00	<input type="checkbox"/> Change <input 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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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

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: Yolande Edwards

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

Sept 16, 05  
Daytime Phone #