

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-15-2005 90022 008 ****50.00

DOCUMENT # L04000030778 1. Entity Name EDGEWATER HARBOR INVESTORS I MANAGER, L.L.C.			
Principal Place of Business 2 JUNGLE HUT ROAD, STE. 2 PALM COAST, FL 32137		Mailing Address 2 JUNGLE HUT ROAD, STE. 2 PALM COAST, FL 32137	
2. Principal Place of Business 1010 Ocean Shore Blvd Suite, Apt. #, etc.		3. Mailing Address 1010 Ocean Shore Blvd Suite, Apt. #, etc.	
City & State Ormond Beach FL Zip 32176		City & State Ormond Beach FL Zip 32176	
4. FEI Number 20-0972121		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03152005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SHARP, DUDLEY Q JR, ESQ 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Robert E W McMillan III Street Address (P.O. Box Number is Not Acceptable) 1010 Ocean Shore Blvd City Ormond Beach FL Zip Code 32176	
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 _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCMILLAN, ROBERT E III 2 JUNGLE HUT ROAD, STE. 2 PALM COAST, FL 32137	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1010 Ocean Shore Blvd. Ormond Beach FL 32176	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ 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)(l), 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: 		Date 4/14/05 (586) 441-2507	