2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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03152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000030781

1. Entity Name
EDGEWATER HARBOR INVESTORS I, L.L.C.

Principal Place of Business	Mailing Address
2 JUNGLE HUT ROAD, STE. 2 PALM COAST, FL 32137	2 JUNGLE HUT ROAD, STE. 2 PALM COAST, FL 32137

2. Principal Place of Business		3. Mailing Address	
1010 Ocean Shore Blvd.		1010 Ocean Shore Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ormond Beach, F.L.		City & State: Ormond Beach, F.L.	
Zip: 32176	Country	Zip: 32176	Country

4. FEI Number: 20-0972121 ☐ Applied For ☐ Not Applicable

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

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 ____________________
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 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1010 Ocean Shore Blvd. Ormond Beach, F.L. 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(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: [signature] 4/1/05 (386) 441-2507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #