

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90183 045 \*\*\*\*55.00

DOCUMENT # L04000031228

1. Entity Name  
ROBERT L. EDGE LLC



Principal Place of Business  
809 W. CUMBERLAND CT.  
JACKSONVILLE, FL 23359

Mailing Address  
809 W. CUMBERLAND CT.  
JACKSONVILLE, FL 23359

2. Principal Place of Business

4913 Blackhawk Dr

3. Mailing Address

4913 Blackhawk Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01112005 Chg-LLC CR2E083 (10/03)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

06-1725264

Applied For

Not Applicable

Zip

32259

Country

ST Johns

Zip

32259

Country

ST Johns

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EDGE, ROBERT L  
809 W. CUMBERLAND CT.  
JACKSONVILLE, FL 23359

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

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

TITLE MGRM  
NAME EDGE, ROBERT L  
STREET ADDRESS 809 W. CUMBERLAND CT.  
CITY-ST-ZIP JACKSONVILLE, FL 23359 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME EDGE, Robert L  
STREET ADDRESS 4913 BLACKHAWK DR  
CITY-ST-ZIP JACKSONVILLE, FL 32259 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #