

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036034

Entity Name: EDIE HOLDINGS, LLC

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

2504 GULF BLVD., #504
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

12811 MIA CIRCLE
LARGO, FL 33774

Current Mailing Address:

2504 GULF BLVD., #504
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

12811 MIA CIRCLE
LARGO, FL 33774

FEI Number: 20-1127329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAFFER, JACK B
Address: 2504 GULF BLVD., #504
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGR (X) Delete
Name: SHAFFER, EDITH C
Address: 2504 GULF BLVD., #504
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAFFER, JACK B
Address: 12811 MIA CIRCLE
City-St-Zip: LARGO, FL 33774

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACK B. SHAFFER

MGR

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date