

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043099

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: RICHARD H. EDWARDS, II, L.L.C.

**Current Principal Place of Business:**

10928 WHISPERING OAKS CIRCLE  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

1713 COCO PALM CIRCLE  
SUN CITY CENTER, FL 33573 US

**Current Mailing Address:**

10928 WHISPERING OAKS CIRCLE  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

1713 COCO PALM CIRCLE  
SUN CITY CENTER, FL 33573 US

FEI Number: 30-0255994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWARDS, RICHARD H II  
10928 WHISPERING OAKS CIRCLE  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

EDWARDS, RICHARD H II  
1713 COCO PALM CIRCLE  
SUN CITY CENTER, FL 33573 US

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:

01/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EDWARDS, RICHARD H II  
Address: 10928 WHISPERING OAKS CIRCLE  
City-St-Zip: RIVERVIEW, FL 33569 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EDWARDS, RICHARD H II  
Address: 1713 COCO PALM CIRCLE  
City-St-Zip: SUN CITY CENTER, FL 33573 US

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: RICHARD H. EDWARDS II

MGR

01/14/2008

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