

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90103 002 ****50.00

DOCUMENT # L04000043923			
1. Entity Name EDWARDS & EDWARDS CONSULTING, LLC			
Principal Place of Business 21103 BIRCHOLM COURT LAND O LAKES, FL 34639-7464 US		Mailing Address 21103 BIRCHOLM COURT LAND O LAKES, FL 34639-7464 US	
2. Principal Place of Business		3. Mailing Address	
New ZIPCODE		New ZIPCODE	
City & State		City & State	
4. FEI Number 20-1227677		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent EDWARDS, FRANK J 21103 BIRCHOLM COURT LAND O LAKES, FL 34639-7464		7. Name and Address of New Registered Agent Name Street Address City	
		New ZIPCODE	
		FL Zip Code 34637-7464	
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 reinstating)			
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	MGRM EDWARDS, FRANK J 21103 BIRCHOLM COURT LAND O LAKES, FL 346397464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, and 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: 2005-01-30	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 813-996-4745	