2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054896

City-St-Zip:

Entity Name: EDWARD MCCABE, LLC

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2355 LINTON RIDGE CIRCLE F11 DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 2355 LINTON RIDGE CIRCLE F11 DELRAY BEACH, FL 33444 FEI Number: 75-3161880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCABE, EDWARD 2355 LINTON RIDGE CIRCLE F11 DELRAY BEACH, FL 33444 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MCCABE, EDWARD Name: Name: Address: 2355 LINTON RIDGE CIRCLE F11 Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MCCABE, EDWARD Name: Address: 2355 LINTON RIDGE CIRCLE F-11 Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: MCCABE, EDWARD Name: 2355 LINTON RIDGE CIR. Address: Address:

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.

City-St-Zip:

DELRAY BEACH, FL 33444

SIGNATURE: EDWARD MCCABE MGRM 04/30/2007