



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90380 049 ****50.00

DOCUMENT # L04000068763			
1. Entity Name EDENBRIDGE DEVELOPMENT, LLC			
Principal Place of Business 12143 DIVIDING OAKS TRAIL E. JACKSONVILLE, FL 32223		Mailing Address 12143 DIVIDING OAKS TRAIL E. JACKSONVILLE, FL 32223	
2. Principal Place of Business		3. Mailing Address P.O. Box 56593	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville FL	
Zip	Country	Zip 32241	Country
6. Name and Address of Current Registered Agent SACHER, CHARLES P 2655 LEJEUNE ROAD, STE. 1101 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: William A. O'Leary Street Address (P.O. Box Number is Not Acceptable): 12143 Dividing Oaks Trail East City: Jacksonville FL Zip Code: 32241	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR O'LEARY, WILLIAM A 15740 SW 76 AVENUE MIAMI, FL 33157 <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. 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: 		Date: 3-12-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

20022052



03122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1619519 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required