

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/22/2005-90188-022-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000089129			
1. Entity Name EDGEWATER 306, LLC			
Principal Place of Business 5200 S.W. 60TH PL MIAMI, FL 33155 US		Mailing Address 5200 S.W. 60TH PL MIAMI, FL 33155 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1981689		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRINLEY, PAUL T. ESQ. 1675 PALM BEACH LAKES BLVD. STE. 700 WEST PALM BEACH, FL FL		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 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 September 7, 2005		Make check payable to -Florida Department of State-	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Camacho Management, LLC 7500 SW 8th. Street #302 Miami, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		8/16/05	
SIGNATURE AND TYPE OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

REINSTATEMENT 2005