2008 LIMITED LIABILITY COMPANY

FILED 0 AMıte

| ANNUAL REPORT | | | | Apr 30, 2008 08:00 | |
|--|--|--|------|--|--|
| DOCUMENT # L0400089129 1. Entity Name EDGEWATER 306, LLC | | | | Secretary of Sta | |
| Principal Plac 5200 S.W. 66 MIAMI, FL 3 | OTH PL | Mailing Address 5200 S.W. 60TH PL MIAMI, FL 33155 US | | | |
| DO NOT WRITE IN THIS SPA | | | ^E | 04282008 No Chg-LLC CR2E083 (12/07) | |
| | | | CE | 4. FEI Number Applied For 20-1981689 Not Applied For Not Applied For Status Desired Status Desired 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 | | | • - | DO NOT WRITE IN THIS SPACE | |
| 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). DATE FILE NOW!!! FEE IS \$138.75 | | | | | |
| After May | 1, 2008 Fee will be \$538.75 | | , | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBE MM CAMACHO MANAGEMENT LLC 7500 SW 8TH ST #302 MIAMI, FL 33144 | RS/MANAGERS | , 37 | o en la composition de la com | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | 000000936037 05/23/08-80095-022 138.75 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | · | | DO NOT WRITE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | | | | |

11. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP