CITY-ST-ZIP

SIGNATURE:

FILED AM te

Daytime Phone #

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				Jan 19, 2007 08:00	
DOCUMENT # L05000010291 1. Entity Name AH EDGEWATER, LLC				Secretary of Sta	
Principal Place of Business 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 Mailing Address 444 SEABREEZE BLVD., SUIT DAYTONA BEACH, FL 32118			900	01152007 No Chg-LLC	
DO NOT WRITE IN THIS SPA			CE		
6. Name and Address of Current Registered Agent HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE Signature, typing printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required.)				1/18/1	
Filling Fee is \$50:00 Due by May 1, 2007					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 IIILE MAME STREET ADDRESS SITY-ST-ZIP IIILE MAME STREET ADDRESS SITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
STREET ADDRESS			1		

11. I hereby certify that the information supplied with this filing does not gualify 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE