## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## May 09, 2006 8:00 am Secretary of State 05-09-2006 90007 015 \*\*\*\*50.00 DOCUMENT #L05000018989 EDGÉWARE ROAD, LLC Principal Place of Business Mailing Address 20045162 2101 WEST PLATT STREET 2101 WEST PLATT STREET SUITE 200 SUITE 200 TAMPA, FL 33606 **TAMPA, FL 33606** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2400872 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOEHLER, KEITH W Street Address (P.O. Box Number is Not Acceptable) 502 N ARMENIA AVENUE TAMPA, FL 33609 City 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) DATE Filing Fee Is \$50.00 / Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME LUM, JOHN NAME 2101 WEST PLATT STREET #200 STREET ADDRESS STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE Delete ☐ Change ☐ Addition GULUZIAN, ARAM NAME NAME STREET ADDRESS 2101 WEST PLATT STREET #200 STREET ADORESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplies with this 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 transfer empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #