2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000018989

1. Entity Name EDGÉWARE ROAD, LLC

Principal Place of Business 4 03 N. 2101 WEST PLATT STREET HOW AND SUITE 200 TAMPA, FL 33606

2101 WEST PLATE SUITE 200

TAMPA, FL 33606

Mailing Address 403 N. Howard

FILED May 09, 2007 8:00 am Secretary of State

05-09-2007 90028 031 ****50.00

60050120



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-2400872		Not Applicable
5. Certificate of Status Desired		Additional equired

6. Name and Address of Current Registered Agent

KOEHLER, KEITH W 502 N ARMENIA AVENUE TAMPA, FL 33609

SIGNATURE AND TYPED OR PRIN

SIGNATURE:

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	named entity submits this statement for the purpose of changing its registered ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered.)	Agent signature required when reinstating) DATE
	ling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUM, JOHN 403 N. Howard Ave 2101-WEST PLATT STREET #200- Ste 200 TAMPA, FL 33606	
NAME STREET ADDRESS CITY-ST-ZIP	MGR GULUZIAN, ARAM 403 N. HOWARD AVE 2101 WEST PLATT STREET #200 Ste 200 TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	·
11. I hereby indicated limited lia	certify that the information supplies with this filing does not qualify for the excontribution on this report is true and accurate and that my signature shall have the same billity company or the receiver or trustee empowered to execute this report a	imptions contained in Chapter 119, Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am a managing member or manager of the s required by Chapter 608, Florida Statutes.