

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90041 032 ****50.00

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04172007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000034647 1. Entity Name WEDGEWOOD ENTERPRISES, LLC					
Principal Place of Business 210 ROYAL DOULTON COURT GIBSONIA, PA 15044			Mailing Address 210 ROYAL DOULTON COURT GIBSONIA, PA 15044		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1289 Rialto Way Unit 101 Suite, Apt. #, etc.			
City & State Zip		City & State Naples, FL Zip 34114		Country USA	
4. FEI Number 94-1687665				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BRODSKY, EDWARD H 1289 RIALTO WAY, UNIT 101 NAPLES, FL 34114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRODSKY, EDWARD 210 ROYAL DOULTON COURT GIBSONIA, PA 15044 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Brodsky, Edward 1289 Rialto Way Unit 101 Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Edward Brodsky, Pres MGRM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/24/07 (239) 970-0381 Date Daytime Phone #	

**EDWARD BRODSKY, PRES MGRM
WEDGEWOOD ENTERPRISES, LLC.**