

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90115 023 ***138.75

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DOCUMENT # L05000034647 1. Entity Name WEDGEWOOD ENTERPRISES, LLC					
Principal Place of Business 210 ROYAL DOULTON COURT GIBSONIA, PA 15044			Mailing Address 1289 RIALTO WAY UNIT 101 NAPLES, FL 34114		
2. Principal Place of Business - No P.O. Box # 207 Royal Doulton Ct.		3. Mailing Address 570 Weber Blvd N.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Gibsonia PA		City & State Naples, FL		4. FEI Number 04-1087005 20-2641932	
Zip 150444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34120		Country USA		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 EDWARD H BRODSKY (SAME) Street Address (P.O. Box Number is Not Acceptable) 570 Weber Blvd N City Naples FL Zip 34120		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 Edward H Brodsky EDWARD H BRODSKY 3/19/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete BRODSKY, EDWARD 1289 RIALTO WAY NAPLES, FL 34114				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brodsky Edward 570 Weber Blvd N NAPLES, FL 34120				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 3/19/08 239-397-9008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					