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

## FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # L05000041910  1. Entity Name EDGEWATER PARTNERS I, LLC					03-14-2006	90199 002 ****5	0.00 •	
Principal Place of Business Mailing Address								
301 SOUTH CENTRAL AVENUE Flagler Beach, Fl 32136		301 SOUTH CENTRAL AVENUE Flagler Beach, Fl 32136		1				
T CHOLLIN DEF	NOTI, IE 32130	TENGLEN BENON, TE SE	_130	1188118:11	11 BS:BI BIIM BB:II BBIII GBII	# 88#11 84981 118#8 18#81 #1914 88#1	11 M 171	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Num	ner -	_	plied For	
				20		)5 No	t Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	□ \$5.00 Add Fee Required		
	6. Name and Address of Current R	legistered Agent	N	7. Name ar	d Address of New R	tegistered Agent		
SMITH, RICH			Name	Name				
301 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32136			Street A	Street Address (P.O. Box Number is Not Acceptable)				
LAGEEN	DEACH, TE SETO							
			City		FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office o	registered agent, or b	oth, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd Ma d'applicable (NOTE	Registered Agent sugget	ure required when reinstating)		DATE		
Filing Fee is \$50.00				1	e check payable to			
Due by May 1, 2006		:			Florida	a Department of State	9	
9.	MANAGING MEMBER		10.		ADDITIONS			
TITLE NAME			NAME			☐ Change	☐ Addition	
STREET ADDRESS	301 SOUTH CENTRAL AVENUE		STREET ADORESS					
CITY-ST-ZIP TITLE	FLAGLER BEACH, FL 32136	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME		Delete	NAME			Change	☐ vaquion i	
STREET ADDRESS CITY-ST-ZIP								
0111 01-21			STREET ADDRESS					
TITLE		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
NAME		☐ Delete	CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	
		☐ Delete	CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	
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I nereby certify that the information supplied with this filing does not quality 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: MANAGER OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE