


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90155 026 ****50.00

DOCUMENT # L05000046117	
1. Entity Name EDGEWATER TITLE II, LLC	

Principal Place of Business 200 9TH STREET ORLANDO, FL 32833	Mailing Address 2518 EDGEWATER DRIVE ORLANDO, FL 32804
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20003701



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		200 9th Street	
City & State		Orlando FL	
Zip	Country	Zip	Country
32833	USA	32833	USA

01262006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
OLSEN, THOMAS R 2518 EDGEWATER DRIVE ORLANDO, FL 32804	

7. Name and Address of New Registered Agent	
Name Mary E Prescott	
Street Address (P.O. Box Number is Not Acceptable) 200 9th Street	
City Orlando	Zip Code FL 32833

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 <i>Mary E Prescott</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>1/26/06</i> (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Treasurer Mary E Prescott 20744 Reynolds Pkwy Orlando FL 32833 <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	Vice President & Secretary Ruth Moore 20933 Racine Orlando FL 32833 <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	Thomas R. Olsen Vice Pres. 2518 Edgewater Drive Orlando FL 32804 <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
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 *Mary E Prescott* **MARY E. Prescott** *1/26/06* *4075683486*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #