

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048503

1. Entity Name  
EDWARDS INVESTMENTS LLC



Principal Place of Business  
3500 22ND AVE. N.  
ST PETERSBURG, FL 33713 US

Mailing Address  
3500 22ND AVE. N.  
ST PETERSBURG, FL 33713 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, NORMAN  
10072 12TH WAY NORTH  
#19-102  
ST PETERSBURG, FL 33716

Name Edwards Norman

Street Address (P.O. Box Number is Not Acceptable)

3500 22nd Ave North

City St Petersburg

FL

Zip Code 33713

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

01/29/06  
DATE

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 MGRM ☒ Delete  
NAME EDWARDS, NORMAN  
STREET ADDRESS 10072 12TH WAY NORTH #19-102  
CITY-ST-ZIP ST PETERSBURG, FL 33716

TITLE MGRM ☒ Change ☐ Addition  
NAME Edwards, NORMAN  
STREET ADDRESS 3500 22nd Ave North  
CITY-ST-ZIP St Petersburg FL 33713

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 01/2/06 90002 048 \$50.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/29/06 727.388.1338  
Date Daytime Phone #

To Sean Toner,

Please find enclosed the paperwork for the annual report for Edwards Investments, LLC. Please apply the \$50.00 overpayment of the fictitious name registration fee to the annual report fee. If you have any questions please feel free to contact me.

Norman Edwards  
Edwards Investments  
Norman@edvest1.com

Tel: (727) 388-1338  
Fax: (727) 388-1349