


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048503 1. Entity Name EDWARDS INVESTMENTS LLC	
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FILED
06 FEB 13 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3500 22ND AVE. N. ST PETERSBURG, FL 33713 US	Mailing Address 3500 22ND AVE. N. ST PETERSBURG, FL 33713 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 01292006 Chg-LLC CR2E083 (11/05)	<input type="checkbox"/> 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 EDWARDS, NORMAN 10072 12TH WAY NORTH #19-102 ST PETERSBURG, FL 33716	7. Name and Address of New Registered Agent Name <u>Edwards Norman</u> Street Address (P.O. Box Number is Not Acceptable) <u>3500 22nd Ave North</u> City <u>St Petersburg</u> FL Zip Code <u>33713</u>
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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: *Norman Edwards* DATE: 01/29/06
Signature, typed or printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, NORMAN		NAME	Edwards, NORMAN	
STREET ADDRESS	10072 12TH WAY NORTH #19-102		STREET ADDRESS	3500 22nd Ave North	
CITY-ST-ZIP	ST PETERSBURG, FL 33716		CITY-ST-ZIP	St Petersburg FL 33713	
TITLE		<input type="checkbox"/> Delete	TITLE	0112106 90002 048	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			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: *Norman Edwards* DATE: 01/29/06 727.388.1338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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

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Fax: (727) 388-1349