FILED
Aug 30, 2007 8:00 am
Secretary of State
08-30-2007 90090 001 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051053

1. Entity Name
2049 EDGEWATER, L.L.C.

30012597

Principal Place of Business	Mailing Address
29169 HEATHERCLIFF SUITE 208 MALIBU, CA 90265 US	29169 HEATHERCLIFF SUITE 208 MALIBU, CA 90265 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2878991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, BRADLEY J ESQ.
2639 DR. M.L. KING, JR. STREET NORTH
ST. PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name: Wood, Bradley J., Esquire
Street Address (P.O. Box Number is Not Acceptable): 600 First Avenue North, Suite 302
City: St. Petersburg FL Zip Code 33701

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] Bradley J. Wood, Esquire 8/29/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, BART 29169 HEATHERCLIFF, SUITE 208 MALIBU, CA 90265 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALVO, FABIAN 914 CURLEW ROAD, NO. 354 DUNEDIN, FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] Fabian Calvo, Manager/Member 8/29/07 (727) 423-1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

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#3001 2597

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
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