


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90174 020 \*\*\*138.75

<b>DOCUMENT # L05000074586</b> 1. Entity Name <b>EDGAR &amp; SONS, LLC</b>			
Principal Place of Business <del>2607 EDMUND DRIVE</del> <b>1340 Quiet Cove Ct</b> GULF BREEZE, FL 32563		Mailing Address <del>2607 EDMUND DRIVE</del> <b>1340 Quiet Cove Ct</b> GULF BREEZE, FL 32563	
2. Principal Place of Business - No P.O. Box # <b>1350 QUIET COVE CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>1350 QUIET COVE COURT</b> Suite, Apt. #, etc.	
City & State <b>GULF BREEZE, FL</b> Zip <b>32563</b> Country <b>USA</b>		City & State <b>GULF BREEZE, FL</b> Zip <b>32563</b> Country <b>USA</b>	
4. FEI Number <b>20-3243649</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03252008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent <b>EDGAR, DIANA L</b> <del>2607 EDMUND DRIVE</del> <b>GULF BREEZE, FL 32563</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1340 QUIET COVE COURT</b> City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to: <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM EDGAR, DIANA L <input type="checkbox"/> Delete	TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>2607 EDMUND DRIVE</del>	STREET ADDRESS	<b>1340 QUIET COVE COURT</b>
CITY - ST - ZIP	<b>GULF BREEZE, FL 32563</b>	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, TRAVIS STEPHEN	NAME	
STREET ADDRESS	<del>2607 EDMUND DRIVE</del>	STREET ADDRESS	<b>1340 QUIET COVE COURT</b>
CITY - ST - ZIP	<b>GULF BREEZE, FL 32563</b>	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, ADAM MICHAEL	NAME	
STREET ADDRESS	<del>2607 EDMUND DRIVE</del>	STREET ADDRESS	<b>1340 QUIET COVE COURT</b>
CITY - ST - ZIP	<b>GULF BREEZE, FL 32563</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <b>x Diana Edgar</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <b>x 3-28-08</b> <small>Daytime Phone #</small>	