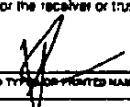


FILED
Aug 18, 2006 8:00 am
Secretary of State

05-01-2006 90061 024 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000076298			
1. Entity Name EDGEWATER 55, LLC			
Principal Place of Business 1250 E. HALLANDALE BEACH BLVD., SUITE 404 HALLANDALE BEACH, FL 33009 US		Mailing Address 1250 E. HALLANDALE BEACH BLVD., SUITE 404 HALLANDALE BEACH, FL 33009 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04282006 Chg-LLC CR2E083 (11/05)		4. FEI Number	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAUL FELDMAN, P.A. 407 LINCOLN ROAD SUITE 701 MIAMI BEACH, FL 33139		Name ADAR, AMEAM Street Address (P.O. Box Number is Not Acceptable) 1250 E HALLANDALE BEACH BLVD, SUITE 404 City HALLANDALE FL Zip Code 33009	
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 state if applicable. (NOTE: Registered Agent signature required when changing)		DATE	
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDGEWATER 55 MANAGER, LLC 1250 E. HALLANDALE BEACH BLVD., SUITE 404 HALLANDALE BEACH, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone			

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