


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90101 012 ***138.75

DOCUMENT # L05000089196	
1. Entity Name 2766 EDGARCE STREET LLC	

Principal Place of Business 8001 MAPLEWOOD DRIVE SUITE 17 JUPITER, FL 32345-8 US	Mailing Address 8001 MAPLEWOOD DRIVE SUITE 17 JUPITER, FL 32345-8 US
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2. Principal Place of Business - No P.O. Box # <u>801 Maplewood Drive</u> Suite, Apt. #, etc. <u>Suite 17</u> City & State <u>Jupiter, FL</u> Zip <u>33458</u> Country <u>USA</u>	3. Mailing Address <u>801 Maplewood Drive</u> Suite, Apt. #, etc. <u>Suite 17</u> City & State <u>Jupiter, FL</u> Zip <u>33458</u> Country <u>USA</u>
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04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	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 GIRVIN, ESQ, DOUGLAS R. 1080 INDIANTOWN ROAD SUITE 105 JUPITER, FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>107 INTRACOASTAL POINTE DRIVE</u> <u>STE 300</u> City <u>JUPITER</u> FL Zip Code <u>33477</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS TEE, JOHN E 801 MAPLEWOOD DRIVE STE 17 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: [Signature] 4/8/08 5615751440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #