


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR -4 AM 11:20

<b>DOCUMENT # L06000016323</b>		
1. Entity Name <b>DRUMMING ON THE EDGE LC</b>		

Principal Place of Business <b>P.O. BOX 21170 TALLAHASSEE, FL 32316--117 0</b>	Mailing Address <b>P.O. BOX 21170 TALLAHASSEE, FL 32316--117 0</b>
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2. Principal Place of Business - No P.O. Box # <b>2309 oldbainbridge rd.</b>		3. Mailing Address <b>P.O. BOX 21170</b>	
Suite, Apt. #, etc. <b>1601-A</b>		Suite, Apt. #, etc. <b>1601-A</b>	
City & State <b>Tallahassee FL.</b>		City & State <b>Tallahassee</b>	
Zip <b>32303</b>	Country <b>USA</b>	Zip <b>32316</b>	Country <b>USA</b>



04042007 Chg-LLC CR2E083 (12/06)

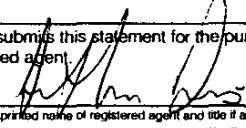
4. FEI Number <b>200299412</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MC GEE, MARION 1882 CAPITAL CIRCLE N.E. 201 TALLAHASSEE, FL 32308</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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  **Marion M. McGee** 4/4/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DAVIS, JONATHAN J P.O. BOX 21170 TALLAHASSEE, FL 32316-117</b> <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
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:**  **4/4/07** 576-1538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #