

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90237 049 \*\*\*138.75

60016732



03122008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000025923</b> 1. Entity Name <b>M. A. EDWARDS ENTERPRISES, LLC</b>											
Principal Place of Business <b>2636 KEYSTONE ROAD SUITE A-3</b> <b>TARPON SPRINGS, FL 34688</b>		Mailing Address <b>2686 KEYSTONE ROAD SUITE A-3</b> <b>TARPON SPRINGS, FL 34688</b>									
2. Principal Place of Business - No P.O. Box # <b>2625 Keystone Rd</b> Suite, Apt. #, etc. <b>Suite A-3</b> City & State <b>Tarpon Springs FL</b> Zip <b>34688</b> Country <b>USA</b>		3. Mailing Address <b>2625 Keystone Rd</b> Suite, Apt. #, etc. <b>Suite A-3</b> City & State <b>Tarpon Springs FL</b> Zip <b>34688</b> Country <b>USA</b>									
4. FEI Number <b>20-4557146</b>		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 <b>BOONE, MARY ANNE F -OK change address to:</b> <b>2739 U.S. HIGHWAY 19</b> } <b>2625 Keystone Rd</b> <b>SUITE 202</b> } <b>Ste. A-3</b> <b>HOLIDAY, FL 34691</b> } <b>34688</b> <b>Tarpon Springs FL</b>									
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 <u>Mary Anne F. Boone</u> DATE <u>3-12-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGR</b>  <b>BOONE, MARY ANNE F</b>  <b>2739 U.S. HIGHWAY 19, SUITE 202</b>  <b>HOLIDAY, FL 34691</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BOONE, MARY ANNE F</b> <b>2739 U.S. HIGHWAY 19, SUITE 202</b> <b>HOLIDAY, FL 34691</b>		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>2625 Keystone Rd, Ste. A-3</b>  <b>Tarpon Springs FL 34688</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2625 Keystone Rd, Ste. A-3</b> <b>Tarpon Springs FL 34688</b>		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mary Anne F. Boone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3-12-08</u> Daytime Phone # <u>727 9444600</u>									

# ATTACHMENT

60016732

**M.A. Edwards Enterprises, LLC**

**2625 Keystone Road, Ste. A-3**

**Tarpon Springs, FL 34688**

**TEL: 727 944-4600**

**FAX: 727 945-9800**

**TAX ID: 20-4557146**

**3-18-08**

**State of Florida**

**Address Change**

**RE: Document #: L06000025923**

**Dear State of Florida**

**Please note effective 9-7-08 the new address for M.A. Edwards Enterprises, LLC is:**

**M.A. Edwards Enterprises, LLC**

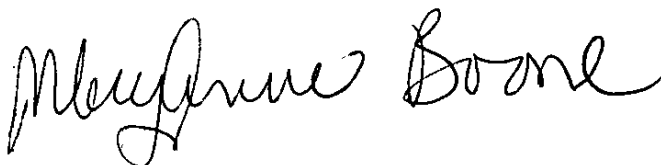
**2625 Keystone Road**

**Suite A-3**

**Tarpon Springs, FL 34688**

**I believe there was a typo in the address correction that I sent before for which I apologize. The phone numbers remain the same. Thank you.**

**Sincerely,**



**Mary Anne Boone**

*owner/manager*