

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90037 005 \*\*\*\*50.00

**DOCUMENT # L06000044917**

1. Entity Name  
**THE EDGES AT 4 ST L.L.C.**



Principal Place of Business

8290 S.W. 48 ST.  
MIAMI, FL 33155

Mailing Address

8290 S.W. 48 ST.  
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**P O Box 441925**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL**

Zip

Country

Zip

Country

**33144**

**MIAMI-DADE**

03162007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**01-0865707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required - -**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ, ZULLY  
8290 SW 48 ST.  
MIAMI, FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **GARCIA, ALINA**  
CITY-ST-ZIP **8440 GRAN CANAL DRIVE**  
**MIAMI, FL 33174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **BUDEJEN, DANIA**  
CITY-ST-ZIP **8290 SW 48 ST.**  
**MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **RUIZ, ZULLY**  
CITY-ST-ZIP **8290 S.W. 48 ST.**  
**MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/30/07**

Date

**305-774-2911**

Daytime Phone #

**ZULLY RUIZ, MANAGING MEMBER**