

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-30-2007 90043012\*\*\*\*50.00  
L06000053257

<b>DOCUMENT # L06000053257</b> 1. Entity Name EDGEMONT RESOURCES, LLC	
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Principal Place of Business 4812 EDGEMONT COURT SARASOTA, FL 34233	Mailing Address 4812 EDGEMONT COURT SARASOTA, FL 34233
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TALLAHASSEE FLORIDA



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country
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04252007    Chg-LLC    CR2E083 (12/06)

6. Name and Address of Current Registered Agent  QUICKER, MICHAEL J ESQ 7061 S. TAMIAMI TRAIL SUITE 106 SARASOTA, FL 34231	7. Name and Address of New Registered Agent Name <u>Franklin Boyer</u> Street Address (P.O. Box Number is Not Acceptable) <u>4812 Edgemont Court</u>  City <u>Sarasota</u> <b>FL</b> Zip Code <u>34233</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 [Signature]                      4/25/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)                      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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BEYCHOK-BOYER, LILA 4812 EDGEMONT COURT SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Franklin Boyer 4812 Edgemont Court Sarasota FL 34233 <input type="checkbox"/> Change <input checked="" 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
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

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]                      4/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                      Date                      Daytime Phone #