

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103516

FILED
Apr 14, 2009
Secretary of State

Entity Name: EDGE INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

120 ALEXANDRIA BLVD
STE. 18
OVIEDO, FL 32765

New Principal Place of Business:

257 PLAZA DRIVE
STE. D
OVIEDO, FL 32765

Current Mailing Address:

120 ALEXANDRIA BLVD
STE. 18
OVIEDO, FL 32765

New Mailing Address:

257 PLAZA DRIVE
STE. D
OVIEDO, FL 32765

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, EDMUND R JR
120 ALEXANDRIA BLVD
STE 18
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

FRASER, EDMUND R JR
257 PLAZA DRIVE
STE D
OVIEDO, FL 32765 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRASER, EDMUND R JR
Address: 103 BLUE CREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Delete
Name: AUSTIN, SCOTT M
Address: 784 S. LAKE CLAIRE CIR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: AUSTIN, SCOTT M
Address: 105 BLACK CHERRY COURT
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT M. AUSTIN

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date