

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State

04-26-2007 90037 018 ****50.00

DOCUMENT # L06000114361 1. Entity Name EDGEWOOD MINI STORAGE, LLC					
Principal Place of Business 1987 WOODLAKE DRIVE ORANGE PARK FL 32003			Mailing Address 1987 WOODLAKE DRIVE ORANGE PARK FL 32003		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2730 College ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State JACKSONVILLE FL.		4. FEI Number 20-5979920	
Zip	Country	Zip 32205	Country DUVAL	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, VICKI ANN 1987 WOODLAKE DRIVE ORANGE PARK FL 32003				7. Name and Address of New Registered Agent 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 <u><i>Vicki Ann Carter</i></u> DATE <u>4-3-07</u> Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when resigning)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD VICKI ANN CARTER 1987 WOODLAKE DR. ORANGE PARK FL 32003	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S L. ESTELLE WALLER 2730 College ST. JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T TERESA L. HARRINGTON 358 STIKES AVE ORANGE PARK FL 32073	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Vicki Ann Carter</i></u> VICKI ANN CARTER DATE <u>4-3-07</u> 384-5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30008085



1st MOORE CR2E083 (10/06)

FL

Zip Code

(904)