

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90028 001 ***138.75

60043000



DOCUMENT # L07000041048 1. Entity Name THE EDGEWATER GROUP, LLC																													
Principal Place of Business 411 CEDAR AVENUE NEW SYMRNA BEACH, FL 32169			Mailing Address 411 CEDAR AVENUE NEW SYMRNA BEACH, FL 32169																										
2. Principal Place of Business - No P.O. Box # 1622 DORMONT LANE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1967 Suite, Apt. #, etc.																											
City & State ORLANDO, FL Zip 32804		City & State ORLANDO, FL Zip 32802		Country U.S.A.																									
4. FEI Number 02142008				Chg-LLC CR2E083 (12/06)																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent SWANN & HADLEY, P.A. 1031 W. MORSE BLVD., SUITE 350 WINTER PARK, FL 32789				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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KEFAUVER, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>411 CEDAR AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW SYMRNA BEACH, FL 32169</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	KEFAUVER, JOE		STREET ADDRESS	411 CEDAR AVENUE		CITY-ST-ZIP	NEW SYMRNA BEACH, FL 32169		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KEFAUVER, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1622 DORMONT LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32804</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KEFAUVER, JOE		STREET ADDRESS	1622 DORMONT LANE		CITY-ST-ZIP	ORLANDO, FL 32804	
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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: _____ 4/22/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													