2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L07000120499

Entity Name: EDJE ENTERPRISES, LLC

Current Principal Place of Business:

10915 PIPING ROCK CIRCLE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

10915 PIPING ROCK CIRCLE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUTCHINSON, ANGELA E
10915 PIPING ROCK CIRCLE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

HUTCHINSON, ANGELA E MRS
10915 PIPING ROCK CIRCLE
ORLANDO, FL 32817 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: ANGELA HUTCHINSON 04/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HUTCHINSON, ANGELA E
Address: 10915 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: MGRM ( ) Delete
Name: HUTCHINSON, DARREN P
Address: 10915 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HUTCHINSON, ANGELA E MRS
Address: 10915 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: MGRM (X) Change ( ) Addition
Name: HUTCHINSON, DARREN P MR
Address: 10915 PIPING ROCK CIRCLE
City-St-Zip: ORLANDO, FL 32817

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: ANGELA HUTCHINSON MRS 04/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date