

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125439

Entity Name: EDGEWATER 1510 LLC

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

1510 NW 79TH AVENUE
DORAL, FL 33172 US

New Principal Place of Business:

1510 NW 79TH AVENUE
MIAMI, FL 33126 US

Current Mailing Address:

1510 NW 79TH AVENUE
DORAL, FL 33126 US

New Mailing Address:

1510 NW 79TH AVENUE
MIAMI, FL 33126 US

FEI Number: 26-1964428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZQUEZ, DULCE P
1510 NW 79TH AVENUE
DORAL, FL 33126 US

Name and Address of New Registered Agent:

VAZQUEZ, DULCE P
1510 NW 79TH AVENUE
MIAMI, FL 33126 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: DULCE P. VAZQUEZ

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAZQUEZ, DULCE P
Address: 1510 NW 79TH AVENUE
City-St-Zip: DORAL, FL 33126 US

Title: MGRM () Delete
Name: VAZQUEZ, ULYSSES II
Address: 1510 NW 79TH AVENUE
City-St-Zip: DORAL, FL 33126 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VAZQUEZ, DULCE P
Address: 1510 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33126 US

Title: MGRM (X) Change () Addition
Name: VAZQUEZ, ULYSSES II
Address: 1510 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33126 US

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: DULCE P. VAZQUEZ

MGRM

03/09/2009

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