2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004642

1. Entity Name
F & D OF EDGEWATER, L.L.C.

FILED

01 MAY -7 PM 5: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O HIDDEN DUNES	C/O HIDDEN DUNES
9815 HIGHWAY 98 WEST	9815 HIGHWAY 98 WEST
DESTIN FL 32541	DESTIN FL 32541

DO NOT WRITE IN THIS SPACE   **MJH**

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3621992**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERMAN, RICHARD P	Name
25 WALTER MARTIN ROAD NE	Street Address (P.O. Box Number is Not Acceptable)
FORT WALTON BEACH FL 32548	
	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

50000043396696---6
-05/31/01--01090--002
*****50.00   *****50.00

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES	
TITLE	**MGRM**	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	**FREEMAN, PAUL**		NAME		
STREET ADDRESS	**9815 HIGHWAY 98 WEST**		STREET ADDRESS		
CITY-ST-ZIP	**DESTIN FL 32541**		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   6-L5-01   850-833-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #