

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90202 002 ****50.00



DOCUMENT # L99000004894

1. Entity Name
 1615 E. EDGEWOOD DRIVE, L.L.C.

Principal Place of Business
 1615 E EDGEWOOD DR
 LAKELAND, FL 33803

Mailing Address
 4715 HULSE
 LAKELAND, FL 33813

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 59-3594880

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
 READ, DOROTHY G
 4715 HULSE LANE
 LAKELAND, FL 33813

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME READ, DOROTHY G
 STREET ADDRESS 4715 HULSE LANE
 CITY-ST-ZIP LAKELAND, FL 33813

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME READ, WILLIAM W
 STREET ADDRESS ~~1830 ROBINHOOD LANE N~~
 CITY-ST-ZIP LAKELAND, FL ~~33813~~

TITLE MGRM Change Addition
 NAME Read, William W
 STREET ADDRESS 1506 Edgewater Beach Dr
 CITY-ST-ZIP LAKELAND FL 33805

TITLE MGRM Delete
 NAME READ, RAYDENE A
 STREET ADDRESS ~~1830 ROBINHOOD LANE N~~
 CITY-ST-ZIP LAKELAND, FL ~~33813~~

TITLE MGRM Change Addition
 NAME READ, Raydene, A
 STREET ADDRESS 1506 Edgewater Beach Dr
 CITY-ST-ZIP LAKELAND, FL 33805

TITLE MGRM Delete
 NAME AUGER, LEO
 STREET ADDRESS 1348 EDGEWATER BCH DR
 CITY-ST-ZIP LAKELAND, FL 33805

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Dorothy G Read Dorothy G Read 1-31-07 (863) 646-1666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #