


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90028 018 ***150.00

DOCUMENT # L99000009043 1. Entity Name EDGEMOOR, L.L.C.	
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Principal Place of Business 8803 SW 61ST AVE. GAINESVILLE, FL 32608	Mailing Address 8803 SW 61ST AVE. GAINESVILLE, FL 32608
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14005433



04202005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3618579	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CAUTHEN, JOSEPH C IV 8803 SW 61ST AVE. GAINESVILLE, FL 32608

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAUTHEN, JOSEPH C III 6510 NW 9TH BLVD., SUITE 1 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAUTHEN, JOSEPH C IV 8803 SW 61ST AVE. GAINESVILLE, FL 32608
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joseph C. Caughen 4/21/05 352/331-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
JOSEPH C. CAUGHEN