


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90048 039 \*\*\*\*50.00

**DOCUMENT # M05000003266**

1. Entity Name  
 EDWARDS ENTERPRISES, LLC



Principal Place of Business  
 2040 TIMUCUA TRAIL  
 NOKOMIS, FL 34275

Mailing Address  
 2040 TIMUCUA TRAIL  
 NOKOMIS, FL 34275

2. Principal Place of Business  
 9500 GRAND SANDESTIN BLVD  
 Suite, Apt. #, etc.  
 STE 2811

3. Mailing Address  
 4150 CAIRO RD  
 Suite, Apt. #, etc.

City & State  
 SANDESTIN FL

City & State  
 PADUCAH KY

Zip  
 32550

Zip  
 42001



03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 61-1098451

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 EDWARDS, BOBBY J  
 2040 TIMUCUA TRAIL  
 NOKOMIS, FL 34275

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 9500 GRAND SANDESTIN BLVD  
 STE 2811  
 City SANDESTIN FL Zip Code 32550

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

Filing Fee is \$50.00  
 Due by May 1, 2006

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, BOBBY J 2040 TIMUCUA TRAIL NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>9500</del> 9500 GRAND SANDESTIN BLVD #2811 SANDESTIN FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, ALEX 4150 CAIRO ROAD PADUCAH, KY 42001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, ASHLEY 4150 CAIRO ROAD PADUCAH, KY 42001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Walter A. G... [Signature] Date: 3/15/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE