


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90033 038 \*\*\*\*50.00

<b>DOCUMENT # M05000003266</b>			
1. Entity Name EDWARDS ENTERPRISES, LLC			
Principal Place of Business 9500 GRAND SANDESTIN BLVD STE 2811 MIRAMAR BEACH, FL 32550		Mailing Address 4150 CAIRO RD PADUCAH, KY 42001	
2. Principal Place of Business - No P.O. Box # <i>4203 Two TREES RD # 1702</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>PO Box 5495</i>		Suite, Apt. #, etc.	
City & State <i>DESTIN FL</i>		City & State	
Zip <i>32541</i>	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDWARDS, BOBBY J 9500 GRAND SANDESTIN BLVD STE 2811 JACKSONVILLE BEACH, FL 32250		Name Street Address (P.O. Box Number is Not Acceptable) <i>4203 TWO TREES RD UNIT #1702</i> <i>PO Box 5495</i> City <i>DESTIN</i> <b>FL</b> Zip Code <i>32541</i>	
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, BOBBY J 9500 GRAND SANDESTIN BLVD 2811 MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4203 TWO TREES RD UNIT #1702</i> <i>PO Box 5495</i> <i>DESTIN, FL 32541</i>
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: <i>Bobby Edwards</i>		Date: <i>4/16/07</i>	Daytime Phone #

40070239

