


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000003266

1. Entity Name
 EDWARDS ENTERPRISES, LLC



Principal Place of Business 4203 TWO TREES RD #1702 PO BOX 5495 DESTIN, FL 32541	Mailing Address 4150 CAIRO RD PADUCAH, KY 42001
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 61-1098451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, BOBBY J
 4203 TWO TREES RD UNIT 1702
 PO BOX 5495
 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, BOBBY J 4203 TWO TREES RD #1702 PO BOX 5495 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, ALEX 4150 CAIRO ROAD PADUCAH, KY 42001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, ASHLEY 4150 CAIRO ROAD PADUCAH, KY 42001
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 05-01-08-80026-029 138.75

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: *[Signature]* 3/17/08 270-447-3863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #