


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M98000001309	
1. Entity Name EDGEONE L.L.C.	

Principal Place of Business 19 BRIGHAM ST UNIT 8 MARLBOROUGH, MA 01752	Mailing Address 19 BRIGHAM ST UNIT 8 MARLBOROUGH, MA 01752
---	---

**DO NOT WRITE IN THIS SPACE**

02142005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3423004	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  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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)

Signature, typed or printed name of registered agent and title if applicable DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCISCO, CHARLES C 19 BRIGHAM ST., UNIT 8 MARLBOROUGH, MA 01752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IGO, STEVEN J 19 BRIGHAM ST., UNIT 8 MARLBOROUGH, MA 01752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JABLONSKI, RICHARD A 19 BRIGHAM ST., UNIT 8 MARLBOROUGH, MA 01752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000288640  
04/05/05-R0019-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:  2/20/05 508-263-5909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #