


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M98000001309</b> 1. Entity Name <b>EDGEONE L.L.C.</b>	
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**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>19 BRIGHAM ST UNIT 8 MARLBOROUGH, MA 01752</b>	Mailing Address <b>19 BRIGHAM ST UNIT 8 MARLBOROUGH, MA 01752</b>
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07072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3423004</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000954930  
07/15/08-80003-021 138.75

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

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7/7/08** **508**  
**263-5909**