

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90003 018 ****55.00

DOCUMENT # M99000002041

1. Entity Name

EDWARDS CASA DEL MAR, L.L.C.

Principal Place of Business

**21600 RIVER RIDGE COURT
 FARMINGTON HILLS MI 48335**

Mailing Address

**21600 RIVER RIDGE COURT
 FARMINGTON HILLS MI 48335**

2. Principal Place of Business

4629 GULF OF MEXICO DR.

3. Mailing Address

8129 TOMA

Suite, Apt. #, etc.

13-D

Suite, Apt. #, etc.

City & State

LONGBOAT KEY, FLORIDA

City & State

PICKNEY MICHIGAN

Zip

Country

MANATEE

Zip

48169

Country

4. FEI Number

38-3503275

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FRANCE, BELINDA T ESQ.
 703 E. TENNESSEE ST.
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 EDWARDS, CHARLES H
 21600 RIVER RIDGE COURT
 FARMINGTON HILLS MI 48335** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 THOMPSON, JOAN M
 8129 TOMA
 PICKNEY MI 48169-9403** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 SCHADE, RUTH ANN
 8235 WOODBINE
 DEARBORNE HEIGHTS MI 48127** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MEDONIS, MARIANNE H
 944 SO. PARKWOOD
 SO. LYON MI 48178** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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: **Charles H Edwards**

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

Date

Daytime Phone #

4-8-02 248-474-4721

CR2E083 (9/01)