

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000002041

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: EDWARDS CASA DEL MAR, L.L.C.

## Current Principal Place of Business:

4629 GULF OF MEXICO DR  
13-D  
LONGBOAT KEY, FL

## New Principal Place of Business:

## Current Mailing Address:

8129 TOMA  
PINCKNEY, MI 481699403

## New Mailing Address:

FEI Number: 38-3503275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: EDWARDS, CHARLES H  
Address: 21600 RIVER RIDGE COURT  
City-St-Zip: FARMINGTON HILLS, MI 48335

Title: MGRM ( ) Delete  
Name: THOMPSON, JOAN M  
Address: 8129 TOMA  
City-St-Zip: PICKNEY, MI 481699403

Title: MGRM ( ) Delete  
Name: SCHADE, RUTH ANN  
Address: 8235 WOODBINE  
City-St-Zip: DEARBORNE HEIGHTS, MI 48127

Title: MGRM ( ) Delete  
Name: MEDONIS, MARIANNE H  
Address: 944 SO. PARKWOOD  
City-St-Zip: SO. LYON, MI 48178

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOAN THOMPSON

MGRM

03/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date