

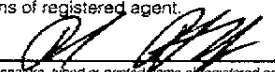

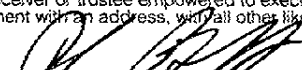
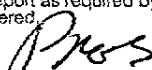


FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000089520						Feb 04, 2004 08:00 AM Secretary of State					
1. Entity Name EDGEWATER LODGE INC.											
Principal Place of Business EDGEWATER LODGE LONG KEY FL 33001 US				Mailing Address P O BOX 799 LONG KEY FL 33001 US							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
City & State				City & State				4. FEI Number 65-0550825		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
PFAFF, PAUL A 65651 OVERSEAS HIGHWAY LONG KEY FL 33001						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	
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   2-1-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		P		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		PFAFF, PAUL H				NAME		U000000032637			
STREET ADDRESS		65651 OVERSEAS HWY				STREET ADDRESS		02/05/04-80011-012 150.00			
CITY - ST - ZIP		LONG KEY FL				CITY - ST - ZIP					
TITLE		V		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		PFAFF, MELINDA L				NAME					
STREET ADDRESS		65651 OVERSEAS HWY				STREET ADDRESS					
CITY - ST - ZIP		LONG KEY FL				CITY - ST - ZIP					
TITLE				<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY - ST - ZIP						CITY - ST - ZIP					
TITLE				<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY - ST - ZIP						CITY - ST - ZIP					
TITLE				<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY - ST - ZIP						CITY - ST - ZIP					
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE:   2-1-04 3058692662 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											