2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUMENT # P99000090282					05-03-2005 90118 004 ***150.00				
BRI EDGEWATER MANAGEMENT, INC.									
Principal Plac	o of Business	Mailing Address			:				
501 E CAMION REAL CORPORATE OFFICE BOCA RATON, FL 33432		PO BOX 5025 CORPORATE OFFICE BOCA RATON, FL 33431					: -	PROCAL PROC	
2. Principal Place of Business 501 E CAMINO REAL		3. Mailing Address 501 E. CAMINO REAL		L					
		Suite, Apt. #, etc.			04222005	Chg-P	CR2E	034 (10/03)	
DOCA RATON FL		BOCA RATON FL			4. FEI Number Applied For 65-0961922 Not Applicable				
Zip 334	Country USA	33432	Country		5. Certificate of	of Status Desir	ed 🗌	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Name					7. Name and	Address of No	ew Registered	Agent	
AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE 28TH FLOOR MIAMI, FL 33131			Street Address (P.O. Box Number is Not Acceptable)						
							FL	Zip Code	9
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND I		11.	PD	ADDITIONS/0	CHANGES TO	OFFICERS AN		
TITLE NAME	V MOOR, WAYNE	Delete	TITLE NAME	they	T HAHTA	GRAY		☐ Change	⊗ Addition
STREET ADDRESS CITY-ST-ZIP	501 E. CAMINO REAL BOCA RATON, FL 33432		STREET ADDRESS CITY-ST-ZIP		PARK F J YORK	NY I			
TITLE	VSD	₩ Delete	TITLE	7	<u> </u>	<u> </u>	0157	☐ Change	 ★ Addition
NAME	HANDLEY, RICHARD L	•	NAME Street address	340	LIAM 3. : PARK	Ave No	e		
STREET AODRESS CITY-ST-ZIP	450 E LAS OLAS BLVD 1500 FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	Nou		_	10154		
TITLE	VT	🚨 Delete	TITLE	TIS	njs J. [na Don		☐ Change	Addition
NAME STREET ADDRESS	FINOCCHIARO, MARY JO 501 E CAMINO REAL		NAME STREET ADDRESS	345	PARK 1	INS DOE	•		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Neu	u york	NY	10154		
TITLE NAME	P FEDER, DAVID S	S Delete	TITLE NAME		1	•		☐ Change	☐ Addition
STREET ADDRESS	501 E CAMINO REAL		STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON, FL 33432	Maria Salah	CITY-ST-ZIP					☐ Change	Addition
TITLE. NAME	STIRK, ROBERT	🔀 Delete	TITLE NAME					U change	Addition
STREET ADDRESS CITY+ST+ZIP	501 EAST CAMINO REAL BOCA RATON, FL 33432		STREET ADDRESS CITY-ST-ZIP						
TITLE	220/11/11/01/12/00/02	☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS 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									

12. The left of the Information supplied with this limit does not qualify for the exemptions stated in exemption of the composition 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

541-447-5302

Senior Vice President, within LLO As third party Hangement agent