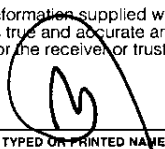


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90131 013 ****55.00

DOCUMENT # L98000003430					
1. Entity Name ERICKSON HERSCOE/DESTEFANO AND PARTNERS, L.L.C.					
Principal Place of Business 849 7TH AVENUE SOUTH NAPLES, FL 34102			Mailing Address 849 7TH AVENUE SOUTH NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3560336	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DESTEFANO, JAMES R		NAME		
STREET ADDRESS	505 NORTH LAKE SHORE DRIVE, APT. 5403		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ERICKSON, CARL		NAME		
STREET ADDRESS	543 97TH AVENUE N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BURCHER, JOHN S		NAME		
STREET ADDRESS	242 WEST ST. PAUL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60614		CITY-ST-ZIP		
TITLE	MGR ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	HERSCOE, ROBERT		NAME		
STREET ADDRESS	710 103RD AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CLAGETT, LEONARD		NAME		
STREET ADDRESS	2980 CRAYTON RD.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FANNING, KATHY		NAME		
STREET ADDRESS	138 SOUTH PLYMOUTH COURT		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, IL 60067		CITY-ST-ZIP		
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: 			1. 5-04 236 643 1991		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		