2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

DOCUMENT # L9800 1. Entity Name ERICKSON ASSOCIATES, L					
Principal Place of Business 849 7TH AVENUE SOUTH NAPLES, FL 34102	Mailing Address 849 7TH AVENUE SOUTH NAPLES, FL 34102				
		í			



DO NOT WRITE IN THIS SPACE

02252008 No Chg-LLC CR2E083 (12/07)

4.	FEI Number	 	Applied For
	59-3560330	Г	Not Applicable
5.	Certificate of Status Desired		Additional equired

	6. Name and Address of Current Registered Agent			
LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement for the purpose of changing its registions of registered agent	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE.		Wered Agant signature required when reinstannig) DATE.		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	U00000924847 05/20/08-80003-009 138.75		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERICKSON, CARL 543 97TH AVENUE N NAPLES, FL 34108			
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE		
TITLE NAME STRLET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE MAME STREET ADDRESS CITY-ST-ZIP				
indicated	certify that the information sopplied with this tiling does not qualify for the on this report is true and accurate and that my signature shall have the solid company or the receiver or mostee empowered to execute this repo	exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information same legal effect as if made under oath; that I am a managing member or manager of the rI as required by Chapter 608, Florida Statutes.		

SIGNATURE:

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

2/6/8 239 643 199

Dayline Phone #