


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # L05000048672**

1. Entity Name  
**ERL MANAGEMENT, LLC**



Principal Place of Business <b>903 GUI SANDO DE AVILA  TAMPA, FL 33613</b>	Mailing Address <b>903 GUI SANDO DE AVILA  TAMPA, FL 33613</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-2850976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEIBOWITZ, EDWARD R  
903 GUI SANDO DE AVILA  
TAMPA, FL 33613**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES LEIBOWITZ, EDWARD R MR. 903 GUI SANDO DE AVILA TAMPA, FL 33613</b>
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U00000779118  
01/11/08-80025-019 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Edward Leibowitz 1/7/08 813-300-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**EDWARD LEIBOWITZ**