LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Feb 18, 2003 8:00 am Secretary of State

DOCUMENT #	L00000006594

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A. MIN DEPOPRER ASSESSOR	CONTRACT TO THE SECURITION OF THE

1. Entity Na	ame			02-18-2003 90325 013 ****50.00			
ERNEST	HOLDINGS, L.L.C.						
	DO NOT WRITE	IN THIS SE	PACE				
	Place of Business	3. Mailing Address					
Suite, Ap	t #, etc.	11.601 60 Suite, Apt. #, etc.	57 XI.				
City & Sta	W/A/	NA		DO NOT WRITE IN THIS SPACE			
C_{ℓ}	LEALWATER	City & State FLOK(8)	4	4. FEI Number 3727867	Applied For Not Applicable		
33	760 Country 760 USA	Zip 337/60	Country 45	5. Certificate of Status Desired	\$5.00 Additional		
				7. Name and Address of Current Registe	Fee Required		
	DO_NOT_W	RITE	Name LA	DG FORD ! ILL			
	IN THIS SP		Street Address (F	P.O. Box Number is Not Acceptable) — —			
	IN ITIID OF	AUE	1715	WEST CLEU	KZAKO)		
			City	Λυ. 0 Λ. Ε	Zip Code/		
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office or registere	ed agent, or both, in the State of Florida. I ar	n familiar with, and accept		
SIGNATURE	6.	500/0		Tel	12 83		
i.	Signature, typed or printed name of registries agent an			DATE			
		Make Check Payable	E IS \$50.00 to Florida Departmen E BY MAY 1	it of State			
9. TITLE	MANAGING MEMBER	S/MANAGERS					
NAME	KEHUETH BR	501/ゼ	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	175 17 AVK. H.	CA OLIMACA	STATE OF THE RESERVE				
TITLE	173 17 HVK. 17.	1 PETER BUIL	William Control of the Control of th		1		
NAME	1-LOK61)	4 - 33704	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-SI-ZIP.				
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS	- DO NOT WRI	TF		
TITLE NAME			TITLE		ACCESSOR OF TAXABLE SECTION SE		
STREET ADDRESS			NAME	IN THIS SPA	JE		
CITY-ST-ZIP		· 	STREET ADDRESS CITY-S1-ZIP				
TITLE NAME	·		TITLE				
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY_ST-ZIP				
TITLE NAME		A CHARLES	TITLE				
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP		Sept.	CHV CT TID				

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.

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JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #