

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000008938

Entity Name: ERF ADVISORS, LLC

FILED
Dec 09, 2005
Secretary of State

Current Principal Place of Business:

4801 LINTON RD., STE. #472
DELRAY BEACH, FL 33445

New Principal Place of Business:

20423 STATE RD 7, STE. F6-498
BOCA RATON, FL 33498

Current Mailing Address:

4801 LINTON RD., STE. #472
DELRAY BEACH, FL 33445

New Mailing Address:

20423 STATE RD 7, STE. F6-498
BOCA RATON, FL 33498

FEI Number: 65-1022703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FISCH, ELLIOT R
4801 LINTON RD., STE. #472
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

FISCH, ELLIOT R
20423 STATE RD 7, STE. F6-498
BOCA RATON, FL 33498 US

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.

SIGNATURE: ELLIOT R. FISCH

12/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FISCH, ELLIOT R
Address: 4801 LINTON RD., #472
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FISCH, ELLIOT R
Address: 20423 STATE RD 7, STE. F6-498
City-St-Zip: BOCA RATON, FL 33498 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELLIOT R. FISCH

MM

12/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date