

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**May 31, 2001 08:00 AM
Secretary of State**

DOCUMENT # L00000012452

1. Entity Name
ERFOLIKES, LLC

Principal Place of Business 957 HARBOR INN DRIVE CORAL SPRINGS FL 33071	Mailing Address 957 HARBOR INN DRIVE CORAL SPRINGS FL 33071
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2. Principal Place of Business 3963 NW 94TH WAY Suite, Apt. #, etc.	3. Mailing Address 3963 NW 94TH WAY Suite, Apt. #, etc.
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City & State SUNRISE FL	City & State SUNRISE FL
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Zip 33351	Country	Zip 33351	Country
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4. FEI Number
65-1050896

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLOISE WARREN
957 HARBOR INN DRIVE

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name
BLOISE WARREN

Street Address (P.O. Box Number is Not Acceptable)
3963 NW 94TH WAY

City
SUNRISE FL Zip Code
33351

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.

SIGNATURE _____ DATE **05/31/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN ROHAN 53 GREENVIEW DR. ROCKY HILL CT 06067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER EARL P.O. BOX 685 NAIROBI, KENYA AFRICA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOISE WARREN 957 HARBOR INN DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOISE WARREN 3963 NW 94TH WAY SUNRISE FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Warren Bloise CEO Date **05/31/2001**

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

CR2E083 (1/00)