

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90078 005 ****50.00

0013712

DOCUMENT # L00000015545

1. Entity Name
ERS, L.C.

Principal Place of Business
**600 NORTH PINE ISLAND RD., SUITE 400
 PLANTATION FL 33324**

Mailing Address
**600 NORTH PINE ISLAND RD., SUITE 400
 PLANTATION FL 33324**

909346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1069915		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**GRAHAM, WILLIAM B
 215 S MONROE ST., STE 600
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENFRO, TIM A SR 2945 SURREY LN WESTON FL 33331 <input checked="" type="checkbox"/> Delete <i>OK do not delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RENFRO, TIM A SR 2945 SURREY LN WESTON, FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PILLONG, DAVID G 5730 NW 81ST PLACE PARKLAND FL 33067 <input checked="" type="checkbox"/> Delete <i>OK do not delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SHARFSTEIN, ERIC 831 MONTICELLO AVENUE DAVIE, FLORIDA 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:

[Signature]

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

1/18/02
 Date

(954) 577-2202
 Daytime Phone #

CR2E083 (9/01)