2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100006334

1. Entity Name

SIGNATURE:

ERN, LLC



FILED
Feb 13, 2003 8:00 am
Secretary of State
02-13-2003 90023 045 ***150.00

SIGNATURE Signature, typed or printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation). DATE Prile Prile Printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation). DATE Prile Prile Printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation). DATE Prile Prile Printed Printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation). DATE Prile Prile Printed Printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation). DATE Prile Prile Printed Printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation). DATE Prile Prile Printed Printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation). DATE Prile Prile Printed Printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation). DATE Prile Prile Printed Printed name of registered agent and time it applicable. (INOTE Registered Agent signature required when recetation of State School.	Principal Place 2015 S. TUTTL SARASOTA FL		Mailing Address 2015 S. TUTTLE AVE. SARASOTA FL 34239			111	131 8 17 811 88 88 1 11817 88 211 88 211				
City & State City & State City & State Country Country Zip Country Zip Country Zip Country S. Cartificate of Status Desired \$5.00 Additional Fee Required Agent \$5.00 Additional Fee Additio	2. Principal Place of Business		3. Mailing Address								
Mode Page	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country	City & State		City & State			4. FEI Nu					
BARRETT HECKER, SUSAN 200 S. ORANGE AVE. SARASOTA FL 34238 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 san tambiar with, and access the obligations of registered agent. Signature Part	Zip	Country	Zip Coun		try	5. Certific	5. Certificate of Status Desired 55.00 Additional				
BARRETT HECKER, SUSAN 200 S. ORANGE AVE. SARASOTA FL 34236 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Note in the State of Florida. I am familiar with, and acce the obligations of registered agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida Department of State Due By May 1, 2003 MARK Check Payable to Florida De	6. Name and Address of Current Registered Agent					7. Name					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. Signature Signat	0, a c	100 111 E 01200									
TITLE MAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET					City			FL	Zip Cod	е	
Signature, typed or printed name of registered agent and site in policiable. (NOTE: Registered Agent segunator required when reinstating) DATE											
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS	SIGNATORE -	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	Registered	d Agent signature	required when reinstating)	DATE			
TITLE NAME NESTOR, ELEANOR 2015 SOUTH TUTTLE AVE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Make Check Payable to Florida Department of State										
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STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP	artifu that the information associated with the		NAME STREE CITY-	T ADDRESS ST-ZIP		0/2 5/			Addition	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.