2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# L01000008284

Entity Name: ERLANGER SQUEEZE PLAY, LLC

Current Principal Place of Business:

1900 GLADES RD., STE. 441
BOCA RATON, FL 33431

New Principal Place of Business:

1900 GLADES RD., STE. 441
BOCA RATON, FL 33431 US

Current Mailing Address:

1900 GLADES RD., STE. 441
BOCA RATON, FL 33431

New Mailing Address:

1900 GLADES RD., STE. 441
BOCA RATON, FL 33431 US

FEI Number: 65-1106914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCRENCI, STEPHEN W
3200 N. MILITARY TRAIL, STE. 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

DIGEORGIA, JAMES M
1900 GLADES ROAD
SUITE 441
BOCA RATON, FL 33431 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: JAMES DIGEORGIA 01/07/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: DIGEORGIA, JAMES
Address: 708 COQUINA WAY
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete
Name: NICHOLS, DAVID A
Address: 3201 NORTHEAST 31ST AVE
City-St-Zip: LIGHTHOUSE, FL 33066

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES DIGEORGIA MGRM 01/07/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date