2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# L01000008284

Entity Name: ERLANGER SQUEEZE PLAY, LLC

Current Principal Place of Business:

925 SOUTH FERERAL HIGHWAY
SUITE 500
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

925 SOUTH FERERAL HIGHWAY
SUITE 500
BOCA RATON, FL 33432 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

DIGEORGIA, JAMES M
925 SOUTH FERERAL HIGHWAY
SUITE 500
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM ( ) Delete
Name: NICHOLS, DAVID A
Address: 378 NEPTUNE AVENUE
City-St-Zip: ENCINITAS, CA 92024 US

Title: MGRM (X) Delete
Name: ERLANGER, PHILIP
Address: 28 PIPER RD
City-St-Zip: ACTON, MA 01720 US

ADDITIONS/CHANGES:

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

Title: MBR (X) Change ( ) Addition
Name: ERLANGER, PHILIP
Address: 28 PIPER RD
City-St-Zip: ACTON, MA 01720 US

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 Chapter 119, 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 04/05/2006

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