


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L01000008284 1. Entity Name ERLANGER SQUEEZE PLAY, LLC	
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Principal Place of Business 925 SOUTH FERERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432 US	Mailing Address 925 SOUTH FERERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



03312008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1106914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DIGEORGIA, JAMES M 925 SOUTH FERERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432

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IN THIS SPACE**

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 am familiar with, and accept the obligations of registered agent.

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

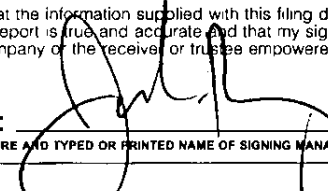
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIGEORGIA, JAMES 708 COQUINA WAY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR ERLANGER, PHILIP 28 PIPER RD ACTON, MA 01720
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0000000885376
04/18/08-80011-013 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **James DiGeorgia** **4/4/08** **561-750-8483**

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