2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L01000010294

Entity Name: ERROL MANAGEMENT GROUP, LLC

Current Principal Place of Business:

1355 ERROL PARKWAY
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1355 ERROL PARKWAY
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3726712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR ESQ
315 E. ROBINSON STREET SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LOWMAN, WILLIAM R JR ESQ
1000 LEGION PLACE
SUITE 1700
ORLANDO, FL 32801 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: _____ 04/22/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ANGOTT, THOMAS
Address: 1049 ERROL PKWY
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete
Name: NICOLS, OTTO
Address: 1582 GOLFSIDE VILLAGE BLVD
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: CASS, BOB
Address: 1355 ERROL PARKWAY
City-St-Zip: APOPKA, FL 32712

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: OTTO NICOLS MGRM 04/22/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date