


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000010294</b>	
1. Entity Name <b>ERROL MANAGEMENT GROUP, LLC</b>	

Principal Place of Business <b>1355 ERROL PARKWAY APOPKA, FL 32712</b>	Mailing Address <b>1355 ERROL PARKWAY APOPKA, FL 32712</b>
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>59-3726712</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LOWMAN, WILLIAM R JR ESQ  
 1000 LEGION PLACE  
 SUITE 1700  
 ORLANDO, FL 32801**

**DO NOT WRITE 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 \_\_\_\_\_

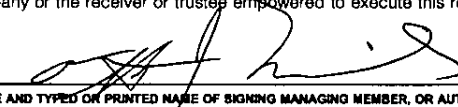
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGOTT, THOMAS 1049 ERROL PKWY APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICOLS, OTTO 1582 GOLFSIDE VILLAGE BLVD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASS, BOB 1355 ERROL PARKWAY APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/24/07-80059-016 50.00

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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:**       **4/26/07**      **407-886-5000**

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