


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000010294	
1. Entity Name ERROL MANAGEMENT GROUP, LLC	

Principal Place of Business 1355 ERROL PARKWAY APOPKA, FL 32712	Mailing Address 1355 ERROL PARKWAY APOPKA, FL 32712
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3726712	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

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

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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 _____

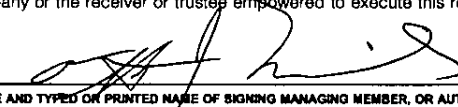
**Filing Fee is \$50.00
 Due by May 1, 2007**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 #