


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90076 024 ****50.00

DOCUMENT # L02000004383	
1. Entity Name ERINDALE, LLC	

Principal Place of Business 6738 BAYOU GRANDE BLVD. N.E. ST. PETERSBURG FL 33702	Mailing Address 6738 BAYOU GRANDE BLVD. N.E. ST. PETERSBURG FL 33702
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2. Principal Place of Business 500 N. WILLOW AVE SUITE 102 TAMPA FL 33606 USA	3. Mailing Address 500 N. WILLOW AVE SUITE 102 TAMPA FL 33606 USA
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1st MOORE CR2E083 (10/04)

4. FEI Number 01-0612396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, STEVEN H 3531 SPRINGVILLE DRIVE VALRICO FL 33595	
7. Name and Address of New Registered Agent Name STEVEN H. FISHER Street Address (P.O. Box Number is Not Acceptable) 500 N. WILLOW AVE SUITE 102 TAMPA FL 33606	

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 **STEVEN H. FISHER** DATE **4/6/05**

Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, STEVEN H 3531 SPRINGVILLE DRIVE VALRICO FL 33595 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, STEVEN H 500 N. WILLOW AVE TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **STEVEN H. FISHER** DATE **4/6/05** TIME **8:13:253.2700**

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