


**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90042 025 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000016974**

1. Entity Name  
**ERANO, LLC**



Principal Place of Business      Mailing Address

**600 PARKVIEW DR.  
 APT. 1010  
 HALLANDALE FL 33009**      **600 PARKVIEW DR.  
 APT. 1010  
 HALLANDALE FL 33009**

2. Principal Place of Business      3. Mailing Address

**725 N.E. 7th St.**      **703 N.E. 7th St.**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Hallandale Fla.**      **Hallandale Fla.**

Zip      Country      Zip      Country

**33009      U.S.A.**      **33009      USA**



CHECK HERE IF MAKING CHANGES

4. FEI Numi      Applied For

**82-0558114**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FEFER, MORRIS  
 600 PARKVIEW DR.  
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HEMPEL, DAVID 703 NE 7TH STREET HALLANDALE FL 33009</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HEMPEL, ESTHER 703 NE 7TH STREET HALLANDALE FL 33009</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FEFER, MORRIS 703 NE 7TH STREET HALLANDALE FL 33009</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FEFER, LILLY 703 NE 7TH STREET HALLANDALE FL 33009</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **SIGNATURE: LILLY FEFER**      Date: **1/22/03**      Daytime Phone #: **456-3024**

CR2E083 (10/02)