2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019882

1. Entity Name
EROSION RESTORATION, LLC

Principal Place of Business	Mailing Address
433 N.E. 1ST AVENUE FT. LAUDERDALE, FL 33301	433 N.E. 1ST AVENUE FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

02242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0479268

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VANDENBERG, SAUER
433 N.E. 1ST AVENUE
FT. LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000074525
03/03/04-80023-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	P
NAME	VANDENBERG, SAUER
STREET ADDRESS	433 NE 1ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	VANDENBERG, ANDRE
STREET ADDRESS	433 NE 1ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	S
NAME	VANDENBERG, SUTGNETTE
STREET ADDRESS	433 NE 1ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
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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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: SAUER VANDENBERG 02-24-04 (954)444-4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #