FILED
Jun 07, 2004 8:00 am
Secretary of State
05-12-2004 90006 007 ***150.00

2004 [redacted] 5/12/

ANNUAL REPORT

DOCUMENT # L02000021296

1. Entity Name
ERC CENTER L.L.C.

Principal Place of Business
222 S MILITRY TRAIL
DEERFIELD BCH, FL 33442

Mailing Address
222 S MILITRY TRAIL
DEERFIELD BCH, FL 33442

34000200

05022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0478980
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRILL A. BOOKSTEIN, COUNSELOR AT LAW, P.A.
2499 GLADES RD, STE 308
BOCA RATON, FL 33431

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MG RM
NAME	GORDON, MARTIN
STREET ADDRESS	222 S MILITRY TRAIL
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	MG RM
NAME	SEYMOUR GORDON
STREET ADDRESS	1201 S. OCEAN DR. APT 1601 N.
CITY-ST-ZIP	HOLLYWOOD FLA. 33019
TITLE	MG RM
NAME	MANUEL HAND
STREET ADDRESS	1201 S. OCEAN DR. APT. 11015
CITY-ST-ZIP	HOLLYWOOD, FLA. 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin Gordon MARTIN GORDON 5/1/04 954-261-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #