

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000021296 1. Entity Name E.R.C. CENTER, L.L.C.	
---	---

Principal Place of Business 222 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	Mailing Address 222 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442
---	---



02132006 No Chg-LLC

CRZE063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0478980	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent MERRILL A. BOOKSTEIN COUNSELOR AT LAW, PA 2499 GLADES RD., STE. 308 BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

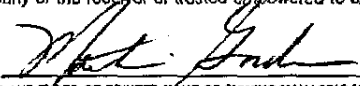
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and then it applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
--	------------

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000500108
04/25/06-80010-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, MARTIN 222 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, SEYMOUR 1201 S. OCEAN DR., APT. 1601N HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAND, MANUEL 1201 S. OCEAN DR., APT. 1101S HOLLYWOOD, FL 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**

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:  MARTIN GORDON 4/3/06 954/2610158 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
