2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # L02000032519 1. Entity Name ERT, L.C. Principal Place of Business ____ Mailing Address 1428 BRICKELL AVENUE 1428 BRICKELL AVENUE SUITE 400 SUITE 400 MIAMI, FL 33131 MIAMI, FL 33131 01112005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1179394 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUMMINGS, PAUL DO NOT WRITE 1428 BRICKELL AVENUE, SUITE 400 IN THIS SPACE MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CUMMINGS, PAUL M NAME 1428 BRICKELL AVENUE, SUITE 400 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 U00000264425 03/16/05-80015-014 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED