

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90192 019 *****50.00

DOCUMENT # L02000034458
1. Entity Name
E & R Enterprises, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>271 NE 38th St</i> Suite, Apt. #, etc. <i>C110</i> City & State <i>Ft. Lauderdale FL</i> Zip <i>33334</i> Country <i>USA</i>		3. Mailing Address <i>271 NE 38th St</i> Suite, Apt. #, etc. <i>C110</i> City & State <i>Ft. Lauderdale FL</i> Zip <i>33334</i> Country <i>USA</i>	
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DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent Name <i>Elibet Hernandez</i> Street Address (P.O. Box Number is Not Acceptable) <i>271 NE 38th St #C110</i> City <i>Ft. Lauderdale</i> Zip Code <i>33334</i>		

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM</i> <i>Elibet Hernandez</i> <i>271 NE 38th St #C110</i> <i>Ft. Lauderdale FL 33334</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM</i> <i>Richard Hernandez</i> <i>271 NE 38th St #C110</i> <i>Ft. Lauderdale FL 33334</i>	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.

Elibet Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date *4/20/03* Daytime Phone # *954-563-8748*

CR2E083B (12/01)