

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90428 016 \*\*\*\*\*50.00

**DOCUMENT # L03000004449**

**1. Entity Name**  
**ERICKSON PROPERTY, LLC**



**Principal Place of Business**  
949 BEVILLE RD  
BLDG D  
DAYTONA BEACH, FL 32119

**Mailing Address**  
949 BEVILLE RD  
BLDG D  
DAYTONA BEACH, FL 32119



01182005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
☒ **Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ERICKSON, NILS  
949 BEVILLE RD  
BLDG D  
DAYTONA BEACH, FL 32119

**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**

*[Signature]*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

3/28/05

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGR
<b>NAME</b>	ERICKSON, NILS C
<b>STREET ADDRESS</b>	565 BEVILLE ROAD 949 BEVILLE ROAD
<b>CITY-ST-ZIP</b>	DAYTONA BEACH, FL 32119
<b>TITLE</b>	MGR
<b>NAME</b>	ERICKSON, ANGELA M
<b>STREET ADDRESS</b>	565 BEVILLE ROAD 949 BEVILLE ROAD
<b>CITY-ST-ZIP</b>	DAYTONA BEACH, FL 32119
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

3/28/05