

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008757

FILED
Apr 26, 2005
Secretary of State

Entity Name: ERC REAL ESTATE, LLC

Current Principal Place of Business:

5635 CYPRESS CREEK DRIVE
GRANT, FL 32949

New Principal Place of Business:

Current Mailing Address:

PO BOX 582
GRANT, FL 32949

New Mailing Address:

FEI Number: 83-0350346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRADTMANN, CHERI
5635 CYPRESS CREEK DRIVE
GRANT, FL 32949 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STRADTMANN, REGAN
Address: 5635 CYPRESS CREEK DRIVE
City-St-Zip: GRANT, FL 32949

Title: MGRM () Delete
Name: STRADTMANN, CHERI
Address: 5635 CYPRESS CREEK DRIVE
City-St-Zip: GRANT, FL 32949

Title: MGRM () Delete
Name: MCAVOY, ED
Address: 9779 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: BECKETT, SUSAN
Address: 405 SW 54TH DRIVE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: YOUNG, STEVE
Address: 405 SW 54TH DRIVE
City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MCAVOY, ED
Address: PO BOX 582
City-St-Zip: GRANT, FL 32949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MCAVOY, SHELLY
Address: PO BOX 582
City-St-Zip: GRANT, FL 32949

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: REGAN STRADTMANN

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date