FILED
May 14, 2004 8:00 am
Secretary of State
04-30-2004 90078 010 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010633

1. Entity Name
ERCO DEVELOPMENT LLC

34006259

Principal Place of Business	Mailing Address
535 PARK AVE. NORTH WINTER PARK, FL 32789	535 PARK AVE. NORTH WINTER PARK, FL 32789

03312004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 1508	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Winter Park, FL	
Zip	Country	Zip: 32790-1508	Country: USA

4. FEI Number: 59-3486258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E ESQ
WILLIAMS & AIRTH, P.A.
28 WEST CENTRAL BLVD., STE. 401
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GARBE, UDO 535 PARK AVE. NORTH WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 1508 Winter Park, FL 32790-1508	☒ Change ☐ Addition
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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.

SIGNATURE: Udo Garbe 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #