

FILED
May 20, 2005 8:00 am
Secretary of State

04-25-2005 90095 025 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000010633

1. Entity Name
ERCO DEVELOPMENT LLC



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

Mailing Address
**P.O. BOX 1508
WINTER PARK, FL 32790-1508**

30006844



02162005 No Chg-LLC

CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

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 535 Park Ave, North
WILLIAMS & AIRTH, P.A. P.O. Box 1508 St #224
38 WEST CENTRAL BLVD., STE 401 Winter Park
ORLANDO, FL 32801 FL 32790 32789

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARBE, UDO PO BOX 1508 WINTER PARK, FL 327901508
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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: UDO GARBE **407-629-9082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #