2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 10, 2008 08:00 AN Secretary of State

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1. Entity Name

ERCÓ 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



01042008No Chg-LLC

CR2E083 (12/07)

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. 535 PARK AVE NORTH STE 224 WINTER PARK, FL 32789

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	named entity submits this statement for the purpose of charions of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	GARBE, UDO				
STREET ADDRESS	PO BOX 1508	,	U00000853604 03/26/08-80074-023 138.75		
CITY-SI-ZIP	WINTER PARK, FL 327901508	00 / d			
TITLE		U3/2	150.13 150.13		
NAME					
STREET ADDRESS					
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TITLE					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath: 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

CITY+ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/08

Daytime Phone #