

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90290 029 ****50.00

DOCUMENT # L03000012312

1. Entity Name

ERFOLG, LLC



Principal Place of Business

8421 E 81ST STREET, SUITE 1028
 TULSA OK 74133

Mailing Address

8421 E 81ST STREET, SUITE 1028
 TULSA OK 74133

2. Principal Place of Business

8421 e 81st st, S.

Suite, Apt. #, etc.

1028

City & State

TULSA OK

Zip

74133

Country

USA

3. Mailing Address

8421 e 81st st S

Suite, Apt. #, etc.

1028

City & State

Tulsa OK

Zip

74133

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

90-00 68 103

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE BUSINESS LAW GROUP
 455 S ORANGE AVENUE, SUITE 500
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Barbara Hylton
 Street Address (P.O. Box Number is Not Acceptable):
295 DeLeon Dr.
Miami Springs
 City: FL Zip Code: 33166

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

Barbara Hylton

Barbara Hylton

3/3/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER	TIM SKIBA	8421 E 81ST STS #1028	TULSA OK 74133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Tim Skiba Tim Skiba

3/3/04

(918) 955-6305

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

Date

Daytime Phone #