2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2004 8:00 am Secretary of State

DOCUMENT # L03000049380 1. Entity Name CARL E. ERICKSON, LLC						 	03-08-2004 !	90274 050 ***	*50.00
Principal Place of Business 2850 SADDLEBREED TRAIL CHULUOTA, FL 32766-8649				Mailing Address 2850 SADDLEBREED TRAIL CHULUOTA, FL 32766-8649			esias yu call shi dal	n only digin layer filet (gm	n weiğin in jugi
2. Principal Place of Business			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02192004	Chg-LLC	CR2E083 (10/0	
City & State			City & State	City & State		4. FEI Numbe	046008		Applied For Not Applicable
Zip		Country	Zip	Zip Countr		5. Certificate	of Status Desired	□ \$5.00 Fee Requ	Additional uired
	6. Name	and Address of Curre	nt Registered Agent	legistered Agent		7. Name and	Address of New R	egistered Agent	
ERICKSON, CARL E III					Name Street Addison	/D O Boy Number	- in filet Accordable		
2850 SADDLEBREED TRAIL CHULUOTA, FL 32766-8649					Street Address (P.O. Box Number is Not Acceptable)				
				ļ	City			-: \ Zin C	`ada
2. The above		-t	forth and a following to		City	or hot	' In the Dieto of Fin	FL Zip C	
 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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Fi	iling Fee is bue by May	s \$50.00 / 1, 2004		- <u></u>			Florida	a check payable to Department of Si	
DILE	MGR	MANAGING MEM	BERS/MANAGERS Delete	10.			ADDITIONS/	CHANGES Chang	pe Addition
NAME	ERICKSON, CARL E III		1—≥ Б РОЯДІ С	NAME	E			C) 4	ا المحمدات م
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STREET ADDRESS	j		STREE		et address -st-zip				
CITY-ST-ZIP	certify that the	information/supplied w	ith this filing does not qualify for			ection 119.07(3)(i'), Florida Statutes. I	further certify that th	e Information
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 signatore 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: 29-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGERS, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desylone Phone #									