### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L03000049380

1. Entity Name CARL E. ERICKSON, LLC



FILED Feb 26, 2007 08:00 AM Secretary of State

Principal Place of Business 2850 SADDLEBREED TRAIL

CHULUOTA, FL 32766-8649

Mailing Address

2850 SADDLEBREED TRAIL CHULUOTA, FL 32766-8649



## DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Cartificate of Status Posited 5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, CARL E III 2850 SADDLEBREED TRAIL CHULUOTA, FL 32766-8649

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	e named entity submits this statement for the purpose of char ations of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar w	in, and accept
SIGNATURE	<i>:</i>			
OIGHT11011E	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
_				

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERICKSON, CARL E III 2850 SADDLEBREED TRAIL CHULUOTA, FL 327668649		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

U00000646506 03/06/07-80034-017 50.00

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11. I hereby certify that the information supplied with this filling 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 oath; that I am a managing member or manager of the limited liability company or the reselver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-21-07

Daytime Phone