2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035766

Address:

1404 WHITFIELD AVENUE

City-St-Zip: SARASOTA, FL 34243 US

Entity Name: ERI LANDS PARTNERS LLC

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
333 S. TAN STE. 283	MAMI TRAIL			
VENICE, F	L 34285 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	/IIAMI TRAIL			
STE. 283 VENICE, F	L 34285 US			
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
STE. 283	AROLD O MAMI TRAIL L 34285 US			
The above in the State	named entity submits this statement for the of Florida.	e purpose of changing its registered	d office or registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MEMBERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete MAGUIRE, JOHN P 333 S. TAMIAMI TRAIL, STE. 283 VENICE, FL 34285 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MAGUIRE, PETIE 333 S. TAMIAMI TRAIL, STE. 283 VENICE, FL 34285	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MILLER, HAROLD O 333 S. TAMIAMI TRAIL, STE. 283 VENICE, FL 34285 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete CLARK, F. N	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: F.N. CLARK **MGRM** 04/29/2005