

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000055974

1. Entity Name  
 ERPENBECK FLORIDA LLC



Principal Place of Business 11887 GRAND ISLES LANE FORT MYERS, FL 33913	Mailing Address 11887 GRAND ISLES LANE FORT MYERS, FL 33913
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**DO NOT WRITE IN THIS SPACE**



01152007No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ERPENBECK, MATTHEW  
 11887 GRAND ISLES LANE  
 FORT MYERS, FL 33913

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

L0400005593265  
 01/22/07-80022-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERPENBECK, MATTHEW 11887 GRAND ISLES LANE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: Matthew Erpenbeck 1/15/07 239-839-1905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #