


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90074 050 ****50.00

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| DOCUMENT # L05000034113 | |  |
| 1. Entity Name ERH, LLC | | |

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| Principal Place of Business 4190 TAGGART CAY SOUTH APT. 105 SARASOTA, FL 34233 | Mailing Address 5824 BEE RIDGE RD. #411 SARASOTA, FL 34233 |
|---|---|

40041201



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|--|----------------|---------------------|---------|
| 2. Principal Place of Business 5987 Hagerman Rd | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Sarasota, FL | | City & State | |
| Zip 34232 | Country USA | Zip | Country |

04242006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 52-2458176 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ROBERTSON, ERICA A 4190 TAGGART CAY SOUTH APT. 105 SARASOTA, FL 34233 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 5987 Hagerman Rd | |
| City Sarasota | FL Zip Code 34232 |

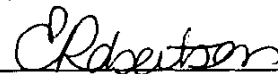
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE  | Erica Robertson, MGRM 42500 ✓ |
| (NOTE: Registered Agent signature required when reinstating) | |

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBERTSON, ERICA A 4190 TAGGART CAY SOUTH APT. 105 SARASOTA, FL 34233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 5987 Hagerman Rd Sarasota, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---|------------------------------|
| SIGNATURE:  | Erica Robertson MGRM 42500 ✓ |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | |
| Date | Daytime Phone # |