2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050335

FILED Mar 14, 2006 8:00 am Secretary of State 01-31-2006 90024 049 ****50.00

E.R.K. LL									
Principal Place of Business 6414 125TH AVE N LARGO, FL 33773		Mailing Address 6414 125TH AVE N LARGO, FL 33773			30002462				
2. Principal Place of Business		3. Mailing Address							
Suite. Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State			4, FEI Numi	631919	10		oplied For ot Applicable
Žip Country		Zip Country		ly	l	e of Status Desired	<u>,</u>	5.00 Ada se Require	
	6. Name and Address of Current F	egistered Agent Name			7. Name an	d Address of New R	egistered Ag	ent	
O'HANRAI 6414 125T LARGO, F					(P.O. Box Number is Not Acceptable)				
JANGO, F	L WITH								
			City				FL	Zip Cod	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistere	d office or register	ed agent, or b	oth, in the State of Flo	rida. I am ta	miliar with,	and accept
SIGNATURE	Signature, sycard or printed name of regularied agent a	nd title if applicable. (NOTE:	Registered	Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							check pay Departmen		•
9.	MANAGING MEMBER	AGING MEMBERS/MANAGERS 10.				ADDITIONS/	CHANGES		
TITLE	MGR	☐ Defete TITLE					i	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	O'HANRAHAN, EDWARD J JR PO BOX 5301 CLEARWATER, FL 33758			T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS	MGRM SIRMANS, RICHARD 6695 69TH AVE N	☐ Delete	TITLE			<u> </u>	[Change	Addition
CITY-\$1-ZIP	PINELLAS PARK, FL 33781		CITY-	ST-29					
TITLE NAME STREET ADDRESS	MGRM SIRMANS, KIMBERLY 6695 69TH AVE N	☐ Delete					ſ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-5T-ZIP	PINELLAS PARK, FL 33781	Deletie	TITLE NAME STREE				[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				(_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-71P			[Change	Addition
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and to bility company or the receiver or trustee	hat my signature shall have the empowered to execute this re	he exen e same port as	notions contained i	ade under oati er 608, Florida	h; that Iam a managi	uð wewper (or manage	of the



February 3, 2006

E.R.K. LLC 6414 125TH AVE N LARGO, FL 33773

Subject: E.R.K. LLC

Reference Number:

L05000050335

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION