2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 31, 2008 08:00 AM **Secretary of State** DOCUMENT # L05000050335 1. Entity Name E.R.K. LLC Principal Place of Business Mailing Address 6414 125TH AVE N 6414 125TH AVE N LARGO, FL 33773 LARGO, FL 33773 CR2E083 (12/07) 01252008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0319190 Not Applicable \$5.00 Additional A pay the sport of the second second 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'HANRAHAN, EDWARD J JR DO NOT WRITE 6414 125TH AVE N LARGO, FL 33773 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) Signature, typed or printed name of registered agent and tritle if applicable FILE NOW!!! FEE IS \$138.75 HAAAAA807650 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE MGR O'HANRAHAN, EDWARD J JR NAME STREET ADDRESS PO BOX 5301 CLEARWATER, FL 33758 CITY-ST-ZIP TITLE NAME SIRMANS, RICHARD STREET ADDRESS 6695 69TH AVE N PINELLAS PARK, FL 33781 CITY-ST-ZIP MGRM TITLE SIRMANS, KIMBERLY NAME STREET ADDRESS 6695 69TH AVE N DO NOT WRITE PINELLAS PARK, FL 33781 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of the receiver or muster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPES OF AMOUNTED NAME OF SUCNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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