

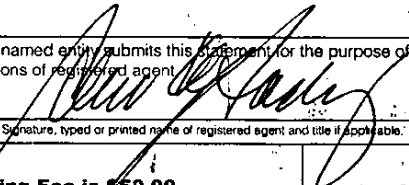
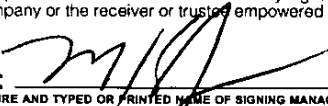


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90129 027 *****50.00

DOCUMENT # L05000060101					
1. Entity Name ERISP, LLC					
Principal Place of Business 11891 US HIGHWAY ONE, STE. 100 NORTH PALM BEACH, FL 33408			Mailing Address 11891 US HIGHWAY ONE, STE. 100 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 625 N. Flagler Dr Suite, Apt. #, etc. 9th Floor		3. Mailing Address 625 N. Flagler Dr. Suite, Apt. #, etc. 9th Floor			
City & State West Palm Beach, FL		City & State West palm beach, FL		4. FEI Number 08012006 Chg-LLC CR2E083 (11/05)	
Zip 33401		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 US HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable) Moyle, Flanigan, Katz, et al 625 N. Flagler Dr - 9th FL City West Palm Beach FL Zip Code 33401		
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  Robert C. Hackney 8-9-6 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MANAGER ROGER K PAGE 118 CASTLEWOOD DR #127 N. Palm Beach FL 33408-5687		
			MANAGER KAREN BIRD 2690 GRAMPAN WAY JACKSONVILLE FL 32216		
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:  MANAGER			Date 8/9/6 Daytime Phone # 904-710-4450		