


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90044 042 ****55.00

DOCUMENT # L05000087933	
1. Entity Name ERP, LLC	

Principal Place of Business 2450 HILLVIEW STREET SARASOTA, FL 34239	Mailing Address 2450 HILLVIEW STREET SARASOTA, FL 34239
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2. Principal Place of Business 5271 Ashley Pkwy. Suite, Apt. #, etc.	3. Mailing Address 5271 Ashley Pkwy. Suite, Apt. #, etc.
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34241	Country U.S.



01072006 Chg-LLC Social Security # CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ERICKSON, KJIRSTEN E 2450 HILLVIEW STREET SARASOTA, FL 34239	7. Name and Address of New Registered Agent Name Erickson, Kjirsten E. Street Address (P.O. Box Number is Not Acceptable) 5271 Ashley Pkwy. City Sarasota, FL Zip Code 34241
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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 Kjirsten E. Erickson, Kjirsten E. Erickson, Property Manager
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/12/06

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	MGRM ERICKSON, KJIRSTEN E 2450 HILLVIEW STREET SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Erickson, Kjirsten E. 5271 Ashley Pkwy. Sarasota, FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kjirsten E. Erickson 04/12/2006 (941) 954-2293
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #