## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 11, 2008 8:00 am Secretary of State DOCUMENT # L06000003111 1. Entity Name ERLW, LLC 04-11-2008 90183 034 \*\*\*138.75 Principal Place of Business Mailing Address 3696 N. FEDERAL HIGHWAY, SUITE 203 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2805 Oakland Park Blvo 2805 Oakland Park Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 04082008 Chg-LLC CR2E083 (12/06) #344 #344 City & State City & State 4. FEI Number Applied For FORT LAUDERDAL FORT LAUDERDALE, FL 26-0133357 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33306 5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama PIOTRKOWSKI, JOEL S ESQ. Street Address (P.O. Box Number is Not Acceptable) 317 - 71ST STREET MIAMI BEACH, FL 33141 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete merm ☐ Addition MARKOFIKY, STANLEY 2805 OAKLAND PARK BLVD., #344 NAME MARKOFSKY, STANLEY NAME STREET ADDRESS 3696 N. FEDERAL HIGHWAY, SUITE 203 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP 33306 FORT LAVOERDALE , FL mu: TITLE ☐ Delete Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fliing 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 trusted xecute this report as required by Chapter 608, Florida Statute 08 SIGNATURE: SIGNATURE AND PAPED OF PRINTED WASHE OF SIGNING MANAGENG ME

Wamper

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE