


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90032 003 \*\*\*\*50.00

<b>DOCUMENT # L06000023579</b>		
1. Entity Name 1 ERS, LLC		

Principal Place of Business 68 LOIS LANE QUINCY, FL 32351 US	Mailing Address 68 LOIS LANE QUINCY, FL 32351 US
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20008698

2. Principal Place of Business - No P.O. Box # 635 Saleta Street Suite, Apt. #, etc.	3. Mailing Address 635 Saleta Street Suite, Apt. #, etc.
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04112007 Chg-LLC CR2E083 (12/06)

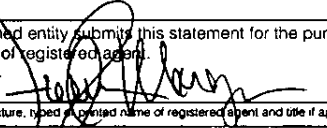
City & State Pensacola FL	City & State Pensacola FL
Zip 32534	Zip 32534
Country USA	Country USA

4. FEI Number 20-4425079	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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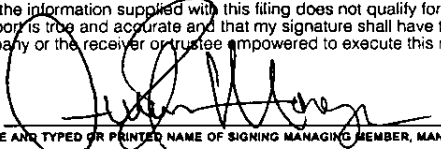
6. Name and Address of Current Registered Agent  MORGAN, A. 68 LOIS LANE QUINCY, FL 32351	
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7. Name and Address of New Registered Agent Name Morgan, A. Street Address (P.O. Box Number is Not Acceptable) 635 Saleta Street City Pensacola FL Zip Code 32534	
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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 	DATE 4-11-07

Filing Fee is \$50.00 Due by May 1, 2007	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 MORGAN, A. 68 LOIS LANE QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Morgan, A. 635 Saleta Street Pensacola, FL 32534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4-11-07 DAYTIME PHONE # 850-393-3608