

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000110967

1. Entity Name
E&R ENTERPRISES, LLC



Principal Place of Business Mailing Address
480 SAWGRASS CORPORATE PARKWAY - SUITE 110 480 SAWGRASS CORPORATE PARKWAY - SUITE 110
SUNRISE, FL 33325 SUNRISE, FL 33325



04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8002811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELDEIRY, MO N ESQ.
ELDEIRY & RUBINO PLLC
480 SAWGRASS CORPORATE CENTER - SUITE 110
SUNRISE, FL 33325

**DO NOT WRITE
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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000936915
05/27/08-80029-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELDEIRY, MO N 480 SAWGRASS CORPORATE PARKWAY - SUITE 110 SUNRISE, FL 33325
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBINO, STEVEN C 480 SAWGRASS CORPORATE PARKWAY - SUITE 110 SUNRISE, FL 33325
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

**DO NOT WRITE
IN THIS SPACE**

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: *M. N. Esq.*)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/08

954.670.2846

Date

Daytime Phone #