

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

08-27-2008 90029 010 \*\*\*538.75

**DOCUMENT # L07000039854**

1. Entity Name  
**ER HOLDINGS LLC.**



Principal Place of Business  
**2415 CHICAGO AVENUE  
TAMPA, FL 33629**

Mailing Address  
**2415 CHICAGO AVENUE  
TAMPA, FL 33629**

**60046714**

2. Principal Place of Business - No P.O. Box #  
**5217 W. Hillsborough Ave**

3. Mailing Address  
**5217 W. Hillsborough Ave.**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092008 Chg-LLC CR2E083 (12/06)

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number  
**20-8815188**

Applied For  
Not Applicable

Zip  
**33634**

Country  
**U.S.**

Zip  
**33634**

Country  
**U.S.**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CAROTHERS, C. GRAHAM JR  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., STE 2800  
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TURNER, DOUGLAS C  
2415 CHICAGO AVENUE  
TAMPA, FL 33629** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5217 W. Hillsborough Ave.  
Tampa, FL 33634** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BROOKS, ROBERT  
2415 CHICAGO AVENUE  
TAMPA, FL 33629** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5217 W. Hillsborough Ave.  
Tampa, FL 33634** ☒ Change ☐ Addition

TITLE  
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☐ Delete

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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:**

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

**7/16/08**

Date

**813 874 1911**

Daytime Phone #