

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122929

FILED
Feb 11, 2009
Secretary of State

Entity Name: ERIP HOLDINGS, LLC.

Current Principal Place of Business:

1512 E BROWARD BLVD STE 110
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1512 E BROWARD BLVD STE 110
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 26-1606378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LALLI, JOSEPH J
1512 E BROWARD BLVD STE 110
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEOP () Delete
Name: LALLI, JOSEPH J
Address: 1512 E BROWARD BLVD STE 110
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: COLLMAN, C. DOUGLAS
Address: 1512 E BROWARD BLVD 110
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: MILLER, JOHN W
Address: 135 W CENTRAL BLVD STE 400
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COOLMAN, C. DOUGLAS
Address: 1512 E BROWARD BLVD 110
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH J. LALLI

CEOP

02/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date