

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90092 002 \*\*\*\*\*50.00

**DOCUMENT # L96000000765**

1. Entity Name

**E.R. INVESTMENTS, L.C.**



Principal Place of Business

**10850 WILES ROAD  
CORAL SPRINGS FL 33076**

Mailing Address

**10850 WILES ROAD  
CORAL SPRINGS FL 33076**

**20014223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0680800**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINBERG, STEVEN A  
8000 PETERS ROAD  
PLANTATION FL 33324**

Name

**Weinberg, Steven A.**

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

**7805 SW 6th Court**

City

**Plantation**

FL

Zip Code

**33324**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **FRUEHLING, GENE**  
STREET ADDRESS **C/O 8000 PETERS ROAD**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition  
NAME **7805 SW 6th Court**  
STREET ADDRESS **Plantation, FL 33324**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**REQUIRED**

**1-10-03**

**954-344-9050**

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

Date

Daytime Phone #

CR2E083 (10/02)