2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001269

1. Entity Name
ERAN INVESTMENTS OF FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
621 NORTHWEST 53RD STREET, SUITE 255 ONE PARK PLACE BOCA RATON, FL 33487	621 NORTHWEST 53RD STREET, SUITE 255 ONE PARK PLACE BOCA RATON, FL 33487

04052005 Chg-LLC CR2E083 (10/03)

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: 65-0853268 ☐ Applied For ☐ Not Applicable

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
ERAN INVESTMENT CORP. 621 NORTHWEST 53RD STREET, SUITE 255 ONE PARK PLACE BOCA RATON, FL 33487	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERAN INVESTMENT CORP. 621 NORTHWEST 53RD STREET, SUITE 255 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000322569 04/22/05-80016-020 50.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________ 4/18/05 561/241-3269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #