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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 MAY 13 P 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008307

1. Entity Name
ERD, L.L.C.

Principal Place of Business	Mailing Address
5562 CARMONA PL SARASOTA, FL 34238	5562 CARMONA PL SARASOTA, FL 34238

03232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5125 CHATEAU CT	5125 CHATEAU CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34238 Country:	Zip: 34238 Country:

4. FEI Number: 65-0968716 ☐ 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
ROTONDO, ENRICO 5562 CARMONA PL SARASOTA, FL 34238	Name: Street Address (P.O. Box Number is Not Acceptable): 5125 CHATEAU CT City: SARASOTA FL Zip Code: 34238

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

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MEM~~ MANAGING MEMBER ☐ Delete ROTONDO, ENRICO 5562 CARMONA PL SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 5125 CHATEAU CT SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ☒ Delete ROTONDO, DEBORAH 5562 CARMONA PL SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Enrico Rotondo 4/23/04 (941)927466?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #