


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000003234  
 Entity Name  
 ERBERT MORGAN I, LLC



Principal Place of Business  
 6390 PLASTERMILL ROAD  
 VICTOR, NY 14534

Mailing Address  
 6390 PLASTERMILL ROAD  
 VICTOR, NY 14534

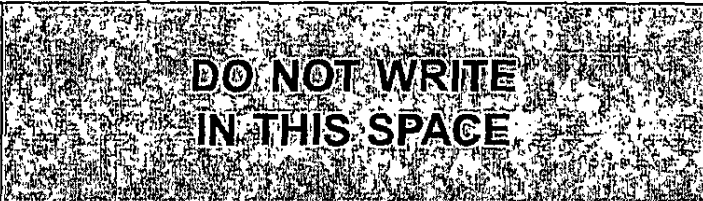


05232006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 54-2105639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATING SERVICES, LTD.  
 1540 GLENWAY DRIVE  
 TALLAHASSEE, FL 32301



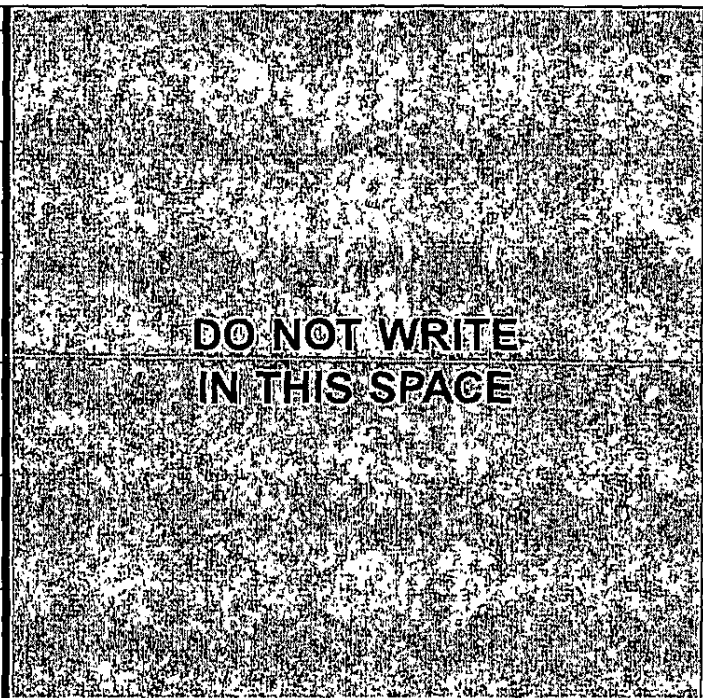
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

U00000573148  
 08/02/06-80004-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, HERBERT 2885 DEERCHASE LANE YORK, PA 17403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, KEVIN 7 AUSTIN PARK PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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, OR AUTHORIZED REPRESENTATIVE

Date: 9/19/06 Daytime Phone # \_\_\_\_\_