2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 24, 2006 08:00 AM Secretary of State

ANNUAL	KEPORI		1	Secretary of Sta		
DOCUMENT # M0500004527 1. Entity Name ERIC ROBERT STAFFING SOLUTIONS, LLC				etary of Sta		
				TO PERSON A		
Principal Place of Business 363 SEVENTH AVENUE, 6TH FL NEW YORK, NY 10001	Mailing Address 363 SEVENTH AVENUE, 6TH FL NEW YORK, NY 10001		 	1 11 80 11 00 1 0	8500 01114 011 1000 151 151 1601	
DO NOT WRITE I	N THIS SPAC	# 15 mm	07132006 No Chg		2E083 (11/05) Applied For	
	3,		13-4021480 5. Certificate of Statu	ıs Desired 🔲	Not Applicable \$5.00 Additional Fee Required	
6. Name and Address of Current Reg SILVERMAN, ERIC 7300 WEST CAMINO REAL ROAD BOCA RATON, FL 33433		J	IN THI	T WRIT S SPAC	E	
8. The above ramed entity submits this statement for the the obligations of segistered agent SIGNATURE Signature, typed or printed name of registered agent and to Filling Fee is \$50.00 Due by September 6, 2006	(ERIC SILVE	Office or register		e State of Florida. I a	im familiar with, and accept	
9. MANAGING MEMBERS	MANAGERS					
ITILE MGRM NAME SILVERMAN, ERIC STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME	, and the second		07.	.0000005718 /25/06-8000	84 (3 7-003 50.00	
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11. I hereby certify that the information support d 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 accordate 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: X (ERIC SILVERMAN)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

///4/06 (212)695-590(