

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000000688

1. Entity Name
ERHC Investment Group II LLC

00 APR -5 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
777 So. Flagler Dr., #909
West Palm Beach, Fl. 33401

Mailing Address
777 So. Flagler Dr., #909
West Palm Beach, Fl. 33401

2. Principal Place of Business
515 No. Flagler Dr.
Suite, Apt. #, etc.
1201
City & State
West Palm Beach, Fl.

3. Mailing Address
515 No. Flagler Dr.
Suite, Apt. #, etc.
1201
City & State
West Palm Beach, Fl.

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0914155

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Lee Henderson
777 So. Flagler Dr., #909
West Palm Beach, Fl. 33401

7. Name and Address of New Registered Agent
Name
Ernest Chu
Street Address (P.O. Box Number is Not Acceptable)
515 No. Flagler Dr., Suite 1201
City West palm Beach FL Zip Code 33401-4347

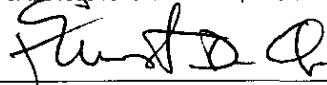
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Ernest Chu, Manager
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/31/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Howard Talks 777 So. Flagler Dr., #909 West Palm Beach, Fl. 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003217516 -04/20/00--01108--013 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ernest Chu 515 No. Flagler Dr., Suite 1201 West Palm Beach, Fl. 33401-4347	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Ernest Chu, 3/31/00 561-833-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)