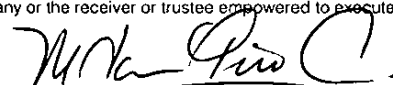


2005 LIMITED LIABILITY COMPANY ANNUAL-REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90039 038 *****50.00

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1. Entity Name ESG AMERICA, L.L.C.																																																																																																																																			
Principal Place of Business 1500 SAN REMO AVE. SUITE 203 CORAL GABLES, FL 33146			Mailing Address 1500 SAN REMO AVE. SUITE 203 CORAL GABLES, FL 33146																																																																																																																																
2. Principal Place of Business 1450 MADRUGA AVE.		3. Mailing Address 1450 MADRUGA AVE.																																																																																																																																	
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4. FEI Number 65-1073728		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04272005 Chg-LLC CR2E083 (10/03)																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">6. Name and Address of Current Registered Agent</td> <td colspan="3" style="padding: 5px;">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="3" style="padding: 5px; vertical-align: top;"> SCHIFFIN, MICHAEL TWO DATRAN CENTER STE 1109 MIAMI, FL 33156 </td> <td colspan="3" style="padding: 5px; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 5px;">Name</td></tr> <tr><td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2" style="padding: 5px;"> </td></tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Zip Code</td> </tr> </table> </td> </tr> </table>						6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			SCHIFFIN, MICHAEL TWO DATRAN CENTER STE 1109 MIAMI, FL 33156			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 5px;">Name</td></tr> <tr><td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2" style="padding: 5px;"> </td></tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL	Zip Code																																																																																																									
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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 May 1, 2005		Make check payable to Florida Department of State																																																																																																																																	
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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: 			4/27/05 305 665 0813																																																																																																																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #																																																																																																																																