2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90039 038 ****50.00

DOCUMENT # L00000006716

1. Entity Name
ESG AMERICA, L.L.C.

Principal Place of Business	Mailing Address
1500 SAN REMO AVE. SUITE 203 CORAL GABLES, FL 33146	1500 SAN REMO AVE. SUITE 203 CORAL GABLES, FL 33146

04272005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1450 MADRUGA AVE.	1450 MADRUGA AVE.
Suite, Apt. #, etc. 206 A	Suite, Apt. #, etc. 206 A
City & State CORAL GABLES	City & State CORAL GABLES
Zip FL / Country 33146	Zip FL / Country 33146

4. FEI Number 65-1073728 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHIFFIN, MICHAEL
TWO DATRAN CENTER
STE 1109
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	D	☐ Delete
NAME	BOOTH, PETER M	
STREET ADDRESS	1500 SAN REMO AVE. SUITE 203	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	MGR	☐ Delete
NAME	PIRO, MARIALAUREN	
STREET ADDRESS	1500 SAN REMO AVE. SUITE 203	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 4/27/05 305 665 0813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #