

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90260 034 \*\*\*\*50.00

<b>DOCUMENT # L00000006716</b>					
<b>1. Entity Name</b> ESG AMERICA, L.L.C.					
<b>Principal Place of Business</b> 1450 MADRUGA AVE SUITE 206 A CORAL GABLES, FL 33146			<b>Mailing Address</b> 1450 MADRUGA AVE SUITE 206 A CORAL GABLES, FL 33146		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 65-1073728				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCHIFFIN, MICHAEL TWO DATRAN CENTER STE 1109 MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b> Name <b>MARIA LAUREN PIRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1450 MADRUGA AVE. SUITE 206 A</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33146</b>		
<b>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.</b> SIGNATURE <u>Maria Lauren Piro</u> <b>MARIA LAUREN PIRO - MANAGER</b> <b>03-16-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, PETER M 1500 SAN REMO AVE. SUITE 203 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, PETER M 1450 MADRUGA AVE. SUITE 206 A CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIRO, MARIA LAUREN 1500 SAN REMO AVE. SUITE 203 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIRO, MARIA LAUREN 1450 MADRUGA AVE. SUITE 206 A CORAL GABLES, FL 33146	<input checked="" 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
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
<b>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.</b>					
<b>SIGNATURE:</b> <u>Maria Lauren Piro</u>			<b>03/16/06</b> <b>305 665 0813</b> <small>Date    Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					