2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000005418

1. Entity Name ESKOE, L.L.C.



FILED Jan 24, 2004 08:00 AM Secretary of State

Principal Place of Business

2573 MAYFAIR LANE WESTON, FL 33327 Mailing Address

2573 MAYFAIR LANE WESTON, FL 33327



01132004 No Chg-LLC

1-20-04

CR2E083 (10/03)

Fee Required

5. Name and Address of Current Registered Agent

CORREA, ALVARO 2201 N. COMMERCE PKWY WESTON, FL 33326

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obliga	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the St	ate of Floride. I am familiar with, and accept	
SIGNATURE.			<u> </u>	
Signature, typed or printed name of registered agent and tido if applicable.		(NOTE, Registered Agent signature required when relistating)	DATE	
F D	Hing Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, ALVARO 2573 MAYFAIR LANE WESTON, FL 33327		U00000012787 01/26/04-80025-008 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WESTON, I'E SSSEI	01/Ž		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CRY-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)(f), 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 AND TYPED OR PREKTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE