


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000005418

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



Principal Place of Business
2201 N. COMMERCE PKWY
WESTON, FL 33326

Mailing Address
2201 N. COMMERCE PKWY
WESTON, FL 33326

DO NOT WRITE IN THIS SPACE



01272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 90-0116489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when renouncing)

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000429331
02/22/06-80006-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CORREA, ALVARO 2201 N. COMMERCE PKWY WESTON, FL 33326
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IN THIS SPACE**

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.

SIGNATURE:  **2 - 6 - 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #