2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Jan 29, 2007 08:00 AM Secretary of State



01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 90-0116489 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 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 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, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, ALVARO 2201 N. COMMERCE PKWY WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1100000608320 02/01/07-80005-016 50.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 important company or the resultant state empowered to execute this record as required by Chapter 619, Elevida Statutes.		

SIGNATURE: Aluga Correa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE