

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088277

FILED
Apr 28, 2006
Secretary of State

Entity Name: ESQUINA 19 LLC

Current Principal Place of Business:

3533 NW 82 AVE
MIAMI, FL 33122 US

New Principal Place of Business:

17050 N BAY RD
508
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

3533 NW 82 AVE
MIAMI, FL 33122 US

New Mailing Address:

17050 N BAY RD
508
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 20-1968446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVIES, IDA C
2307 DOUGLAS RD
400
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LIPS, ALAN
666 71ST STREET
MIAMI BEACH, FL 33141 US

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.

SIGNATURE: ALAN LIPS

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FITTIPALDI, CLAUDIA
Address: 3533 NW 82 AVE
City-St-Zip: MIAMI, FL 33145 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FITTIPALDI, CLAUDIA
Address: 17050 N BAY RD APT 508
City-St-Zip: SUNNY ISLES BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDIA FITTIPALDI

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date