

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088277

FILED
Aug 27, 2007
Secretary of State

Entity Name: ESQUINA 19 LLC

Current Principal Place of Business:

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

New Principal Place of Business:

3363 NE 163 STREET
809
NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address:

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

New Mailing Address:

3363 NE 163 STREET
809
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 20-1968446 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

08/27/2007

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