

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 18, 2008
Secretary of State**

DOCUMENT# L07000072077

Entity Name: ES HOSPITALITY, LLC

Current Principal Place of Business:

2315 NW 107 AVENUE
SUITE 1M-17, BOX 52
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

2315 NW 107 AVENUE
SUITE 1M-17, BOX 52
DORAL, FL 33172

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLE, ADRIENNE
2315 NW 107 AVENUE
SUITE 1M,17, BOX 52
DORAL, FL 33172 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: WULFF, ADEL M
Address: 2315 NW 107 AVENUE, SUITE 1M-17, BOX 52
City-St-Zip: DORAL, FL 33172

Title: MGRM (X) Delete
Name: CONCALPRO GROUP CORP, .
Address: 2315 NW 107 AVENUE, SUITE 1M-17, BOX 52
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EUORELATED CORP,
Address: 2315 NW 107 AVENUE, SUITE 1M-17, BOX 52
City-St-Zip: DORAL, FL 33172

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: ADEL M WULFF MGR 09/18/2008

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