

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
07 MAY 24 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000001482</b> 1. Entity Name NICOLAS ESTRELLA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3750 W FLAGLER STREET MIAMI, FL 33134			Mailing Address 3750 W FLAGLER STREET MIAMI, FL 33134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112007    Chg-LP    CR2E003 (12/06)	
4. FEI Number 20-2885436				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ESTRELLA, NICOLAS JR, PA 3750 W FLAGLER STREET MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000067403		STREET ADDRESS	3750 W Flagler St	
NAME	ESN MANAGEMENT LLC		CITY-ST-ZIP	Miami, FL 33134	
STREET ADDRESS	3750 W. FLAGLER ST		STREET ADDRESS	400103638654	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	06/01/07--01007--011 **500.00	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Cesar*      4/26/07      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_