
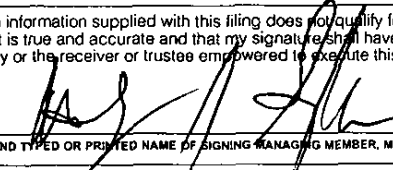
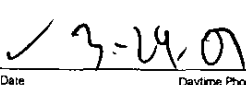


**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90184 044 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000010906</b>			
1. Entity Name E.S.A.D., LLC			
Principal Place of Business <del>15414 NW 34 AVE</del> <del>MIAMI, FL 33054</del>		Mailing Address <del>15414 NW 34 AVE</del> <del>MIAMI, FL 33054</del>	
2. Principal Place of Business - No P.O. Box # 820 Mission Hill Rd Suite, Apt. #, etc.		3. Mailing Address 820 Mission Hill Rd Suite, Apt. #, etc.	
City & State Boynton Beach, Fl		City & State Boynton Beach, Fl	
Zip 33435	Country US	Zip 33435	Country US
6. Name and Address of Current Registered Agent WOOD, RICHARD A ESQ. 100 S.E. 2ND ST., 17TH FLOOR MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREFE, LORRAINE <del>15414 NW 34 AVENUE</del> MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 820 Mission Hill Rd Boynton Beach, Fl 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, MICHAEL <del>15414 NW 34 AVENUE</del> MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 820 Mission Hill Rd Boynton Beach, Fl 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Michael Gallagher 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	