2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# L00000010906

Entity Name: E.S.A.D., LLC

Current Principal Place of Business:

820 MISSION HILL RD
BOYNTON BEACH, FL 33435

New Principal Place of Business:

808 MISSION HILL RD
BOYNTON BEACH, FL 33435

Current Mailing Address:

820 MISSION HILL RD
BOYNTON BEACH, FL 33435

New Mailing Address:

808 MISSION HILL RD
BOYNTON BEACH, FL 33435

FEI Number: 65-1044269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, RICHARD A ESQ.
100 S.E. 2ND ST., 17TH FLOOR
MIAMI, FL 33131 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: MGRM ( ) Delete
Name: GREFE, LORRAINE
Address: 820 MISSION HILL RD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM ( ) Delete
Name: GALLAGHER, MICHAEL
Address: 820 MISSION HILL RD
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GREFE, LORRAINE
Address: 808 MISSION HILL RD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM (X) Change ( ) Addition
Name: GALLAGHER, MICHAEL
Address: 808 MISSION HILL RD
City-St-Zip: BOYNTON BEACH, FL 33435

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: MICHAEL GALLAGHER MGRM 01/25/2008

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