

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90040 012 \*\*\*\*50.00

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<b>DOCUMENT # L00000014118</b> 1. Entity Name ESK NORTH LAUDERDALE, L.L.C.					
Principal Place of Business 1001 CHERRY ST., STE 308 COLUMBIA, MO 65201			Mailing Address 1001 CHERRY ST., STE 308 COLUMBIA, MO 65201		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03112005 Chg-LLC CR2E083 (10/03)			4. FEI Number 36-4408570		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent  GORDON, JAMES N 23123 S. STATE RD 7, STE 301 BOCA RATON, FL 33428				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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KROENKE, STANLEY E 1001 CHERRY STREET, SUITE 308 COLUMBIA, MO 65201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KROENKE, STANLEY E 1001 CHERRY STREET, SUITE 308 COLUMBIA, MO 65201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KROENKE, STANLEY E 1001 CHERRY STREET, SUITE 308 COLUMBIA, MO 65201	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KROENKE, STANLEY E 1001 CHERRY STREET, SUITE 308 COLUMBIA, MO 65201	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KROENKE, STANLEY E 1001 CHERRY STREET, SUITE 308 COLUMBIA, MO 65201	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KROENKE, STANLEY E 1001 CHERRY STREET, SUITE 308 COLUMBIA, MO 65201	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____		4/19/05		(573) 449-8323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	