

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90167 031 \*\*\*\*50.00

DOCUMENT # L00000015528  
1. Entity Name  
ESSEMGE, LLC

**DO NOT WRITE IN THIS SPACE**

B0049570

2. Principal Place of Business  
1117 LILLIAN HWY  
Suite, Apt. #, etc.  
City & State  
PENSACOLA FL  
Zip 32506 Country US

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3700990 Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name JOHN SPERRY  
Street Address (P.O. Box Number is Not Acceptable) 1115 LILLIAN HWY  
City PENSACOLA FL Zip Code 32506

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.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN SPERRY 1115 LILLIAN HWY PENSACOLA FL 32506	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

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.

SIGNATURE: John Sperry JOHN SPERRY 03-05-02 800-455-4733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #