2004 LIMITED LIABILITY COMPANY ANNUAL PERORT

## DOCUMENT # L01000001663

1. Entity Name ES-K MIAMI, LLC

Principal Place of Business

2821 N.E. 163RD STREET

SIGNATURE:

NORTH MIAMI BEACH, FL 33160



Mailing Address

2821 N.E. 163RD STREET

APT. 4D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NORTH MIAMI BEACH, FL 33160



**FILED** 

Jul 14, 2004 08:00 AM Secretary of State

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

07052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
65-1071034	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

TOVAR, ILEANA A ESQ. THE CENTRE BUILDING 9900 STIRLING ROAD SUITE 218 COOPER CITY, FL DO NOT WRITE IN THIS SPACE

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8. The above the obligati	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstailing)		Hononnia Priva
Fil Due b	ing Fee is \$50.00 by September 8, 2004		07/14/04-80005-009 So.00
9.	MANAGING MEMBÈRS/MANAGERS		
title Name	MGR CORONEL, CATERINA		
STREET ADDRESS CITY-ST-ZIP	2821 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- ····
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not to on this report is the and accurate and that my signature s ability company or the receiver or trystee empowered to exe	qualify for the exemption stated in Section 119.07(3 hall have the same legal effect as if made under ou pute this report as required by Chapter 608, Florida	)(i), Florida Statutes. I further certify that the information th; that I am a managing member or manager of the I Statutes.