## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## May 14, 2007 8:00 am Secretary of State DOCUMENT # L01000014797 1. Entity Name 05-14-2007 90363 014 \*\*\*\*50.00 **ESP & ASSOCIATES, LLC** Principal Place of Business Mailing Address 20001 GULF BLVD. 20001 GULF BLVD. #5 INDIAN SHORES FL 33785 INDIAN SHORES FL 33785 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/06) 1st MOORE City & Stato Applied For City & State 4. FEI Number 94-3406340 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAGE, STEVE 19535 GULF BLVD Street Address (P.O. Box Number is No STE B INDIAN ROCKS BEACH FL 33785 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable TIATE (NOTE: Registered Agent significing required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 11111 100 Change ☐ Addition MGR Delete NAMA NAM PAGE, EVELYN V STREET ADDRESS STREET ADDRESS 20001 GULF BLVD #5 C11Y - S1 - Z1P CHY-ST ZP INDIAN SHORES FL 33785 uni. ☐ Delete 11111 ☐ Change Addition MGR PAGE, STEPHEN J STREET ADDRESS STREEL ADORESS 20001 GULF BLVD #5 CITY-ST-7IP INDIAN SHORES FL 33785 C11Y - ST - 7IP Change ☐ Defele HHI Addition mer NAME NAMI STREET ADDRESS STREELADORESS CHY-SI-ZIP -CHYSSITAP ☐ Delete Change ■ Addition STREET ADDRESS STREET LADDRESS CHY-SE-ZIP CHY-S1-ZIP Delete Change 11111 Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7P ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-71P CHY-ST-71P 11. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Section 119, Florida Statules. 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #