2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Mailing Address

DOCUMENT # L01000016128

1. Entity Name

ESCH & BAUER, LLC

Principal Place of Business

5179 INDIAN MOUND STREET



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90049 015 ****50.00

C/O ELEONORE BAUER SARASOTA FL 34242 2. Principal Place of Business		C/O ELEONORE BAUER SARASOTA FL 34242	SARASOTA FL 34242							
		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		_					
City & Si	tate	City & State	City & State		4. FEI Nu	4. FEI Number 65-1129000				
Zip	Country	Zip Com				nber 65-1138609] 	\vdash	Applied For Not Applicable	
	6 Name and Address of Com-	· '	Count	'y 	5. Certifica	ate of Status Desired		\$5.00 Fee Req	Additional	
	6. Name and Address of Currer	nt Registered Agent			7. Name a	nd Address of New Re	gistered A	gent		
BA	UER, ELEONORE			Name					-	
51 SA	79 INDIAN MOUND STREET RASOTA:FL:34242		Street Address		ss (P.O. Box Num	ber is Not Acceptable)				
	. 400 (A.I.L.34242		<u> </u>	<u></u>						
	_		<u> </u>	City		-		Zip C	odo.	
8. The above	e named entity submits this statement f tions of registered agent.	or the purpose of changing its	s registered	Office or region	Storod south		FL	ZIPC	oae 	
i the obliga	ttions of registered agent.		o rogiotored	onice or regis	stered agent, or b	oth, in the State of Flori	da. I am fa	miliar wit	h, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable								
			-		uired when reinstating)		DATE			
		FILE NO	OW!!! FE	E IS \$50.0	0					
}		Make Check Payabl	le to Flori e By May	ida Departn	nent of State					
9.	MANAGING MEMBE			1, 2003						
TITLE	VP	□ Delete	10.		<u> </u>	ADDITIONS/CI	HANGES			
NAME	BAUER, ELEONORE	□ Detele	TITLE NAME				[☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	5179 INDIAN MOUND ST		STREET A	ADDRESS						
	SARASOTA FL 34232		CITY-ST-	-ZIP						
TITLE NAME	P COULOUIDED AND TO THE PROPERTY OF THE PROPER	☐ Delete	TITLE	-+-						
STREET ADDRESS	ESCH-GOUBERT, KARIN		NAME	ļ			L	_ Change	☐ Addition	
CITY-ST-ZIP	5179 INDIAN MOUND ST		STREET A	DDRESS						
TITLE	SARASOTA FL 34232		CITY-ST-	ZIP						
NAME		☐ Delete	TITLE					Change	□ Addition	
STREET ADDRESS			NAME	ļ			L	J Change	Addition	
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NAME		☐ Delete	TITLE					Change	☐ Addition	
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TITLE		☐ Delete	TITLE	···			 .			
NAME		builde	NAME					Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZI	l l					1	
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CITY-ST-ZIP			STREET ADD	RESS					1	
	rhife short all a line		CITY-ST-ZI	P						
indicated as	tify that the information supplied with the	his filing does not qualify for the	ne evemntio	n atota d :- O-	-410 07 141 111					

11. [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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

> 2 Pratici VIII (Eleonore Bauer) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE