

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000016629**

1. Entity Name  
ESD INVESTMENTS, LLC



Principal Place of Business  
1515 RINGLING BLVD., 10TH FLOOR  
SARASOTA, FL 34236

Mailing Address  
1515 RINGLING BLVD., 10TH FLOOR  
SARASOTA, FL 34236



01192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1150164

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KEYSER, STEPHEN B  
1515 RINGLING BLVD., 10TH FLOOR  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BARON, DAVID J  
1515 RINGLING BLVD., #10  
SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KEYSER, STEPHEN B  
1515 RINGLING BLVD, #10  
SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHUMWAY, ERICK  
5360 S. TAMiami TRAIL  
SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000200881  
01/28/05-80044-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

DATE

Daytime Phone #