

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 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



02282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1150164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006**

1100000508931
04/28/06-80024-024 50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #