2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L01000016629

1. Entity Name ESD INVESTMENTS, LLC



FILED Jul 10, 2007 08:00 AM Secretary of State

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

07032007 No Chg-LLC

CR2E083 (11/05)

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

DO NOT WRITE

SARASOT	TA, FL 34236	***************************************		IN THIS S	SPACE		
8. The above the obliga	named entity submits this statement for the purpose of charitons of registered agent.	nging its registere	d office or registered	agent, or both, in the State	of Florida. I am fam	illar with, and	accept
SIGNATURE.	Signature, typod or printed name of registered agent and title if applicable.	(NOTE Registered	Agent signature required whe	n reinstation)	DATE	15.2	
Fii Due l	ling Fee is \$50.00 by September 14, 2007						¥-
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS/MANAGERS MGRM BARON, DAVID J 1515 RINGLING BLVD., #10 SARASOTA, FL MGRM KEYSER, STEPHEN B 1515 RINGLING BLVD, #10 SARASOTA, FL MGRM MGRM	- "		07/10/0)00767534)7-80008-01	8 50.00	· -
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHUMWAY, ERICK 5360 S. TAMIAMI TRAIL SARASOTA, FL			DO NOT IN THIS S			
TITLE							

11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

957-14