


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90040 034 ****50.00

DOCUMENT # L01000018365	
1. Entity Name ESOP, LLC	

Principal Place of Business P O BOX 622127 OVIEDO, FL 32762	Mailing Address P O BOX 622127 OVIEDO, FL 32762
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2. Principal Place of Business - No P.O. Box # 365 Aulin Ave.	3. Mailing Address 365 Aulin Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03152007 Chg-LLC CR2E083 (12/06)

City & State OVIEDO, FL	City & State OVIEDO, FL
Zip 32765	Zip 32765
Country USA	Country USA

4. FEI Number 59-3751798	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CREEKMORE, JOHN A 1235 ELM ST. OVIEDO, FL 32765	7. Name and Address of New Registered Agent Name Creekmore, John A. Street Address (P.O. Box Number is Not Acceptable) 365 Aulin Ave. City OVIEDO FL Zip Code 32765
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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ **DATE** _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREEKMORE, JOHN A P O BOX 622127 OVIEDO, FL 32762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-25-07

Date

407-359-5101

Daytime Phone #