

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90097 020 ****50.00

DOCUMENT # L01000020250					
1. Entity Name ESRR, LLC					
Principal Place of Business 1615 DECKER AVENUE STUART, FL 34994 US			Mailing Address 2062 SW RACQUET CLUB DRIVE PALM CITY, FL 34990 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 30-0002111				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SELLIAN, EDWARD M 4 MIDDLE ROAD STUART, FL 34996			7. Name and Address of New Registered Agent Name: <u>Edward M Sellian</u> Street Address (P.O. Box Number is Not Acceptable): <u>3015 SE St. Lucie Blvd</u> City: <u>Stuart</u> <u>FL</u> Zip Code: <u>34997</u>		
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: <u>Edward M Sellian, V.P.</u> DATE: _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RANIERI, ROBERT 2062 SW RACQUET CLUB DRIVE PALM CITY, FL 34990	<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	VPS SELLIAN, EDWARD M 4 MIDDLE ROAD STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S. Edward M Sellian 3015 SE St. Lucie Blvd Stuart FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SELLIAN, EDWARD M 4 MIDDLE ROAD STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SELLIAN, EDWARD M 4 MIDDLE ROAD STUART, FL 34996	<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	VPS SELLIAN, EDWARD M 4 MIDDLE ROAD STUART, FL 34996	<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	VPS SELLIAN, EDWARD M 4 MIDDLE ROAD STUART, FL 34996	<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 exemption stated in Section 119.07(3)(i), 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: <u>Edward M Sellian V.P.</u>				772-219-9771	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	