


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90154 011 ****50.00

| | |
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| DOCUMENT # L02000017474 |  |
| 1. Entity Name E.S. FLOWER LLC | |

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| Principal Place of Business 5047 44TH STREET WEST BRADENTON FL 34210 7207 Westmoreland Drive Sarasota, FL 34243 | Mailing Address 5047 44TH STREET WEST BRADENTON FL 34210 |
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1st MOORE CR2E083 (10/04)

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| 2. Principal Place of Business Bn | 3. Mailing Address 7207 Westmoreland Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Sarasota, FL | City & State Sarasota, FL |
| Zip 34243 | Country USA |

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| 4. FEI Number 58-2405918 | Applied For <input type="checkbox"/> Not Applicable |
| 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 FLOWER, ELIZABETH S 5047 44TH STREET WEST BRADENTON, FL FL 34210 | |
| 7. Name and Address of New Registered Agent 7207 Westmoreland Drive Sarasota, FL 34243 | |
| Name | City |
| Street Address (P.O. Box Number is Not Acceptable) | Zip Code FL |

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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 Elizabeth S. Flower | DATE 1-28-05 |
| <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | |

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|--|--|
| FILE NOW!!! FEE IS \$50.00 | |
| Make Check Payable to Florida Department of State | |
| Due By May 1, 2005 | |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FLOWER, ELIZABETH S 5047 44TH STREET WEST BRADENTON FL 34210 <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 | 7207 Westmoreland Drive Sarasota, FL 34243 <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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| 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: Elizabeth S. Flower | DATE: 1-28-05 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | |
| <small>Date Daytime Phone #</small> | |