

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000018824

**1. Entity Name
ESOP GROUP, LLC**



**Principal Place of Business
P.O. BOX 622127
OVIEDO, FL 32762-2127**

**Mailing Address
P.O. BOX 622127
OVIEDO, FL 32762-2127**



01122006No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CREEKMORE, JOHN A
365 AULIN AVE
OVIEDO, FL 32765**

**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 fee if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CREEKMORE, JOHN A
STREET ADDRESS	P.O. BOX 622127
CITY - ST - ZIP	OVIEDO, FL 32762-2127
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/13/06-80059-011 50.00

**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

JOHN CREEKMORE

1/17/06

Date

800-359-5102

Daytime Phone #