

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90232 002 \*\*\*\*50.00

<b>DOCUMENT # L02000023429</b>					
<b>1. Entity Name</b> ES PROPERTIES, LLC					
<b>Principal Place of Business</b> 7925 NW 12TH ST., #330 MIAMI, FL 33126			<b>Mailing Address</b> 7925 NW 12TH ST., #330 MIAMI, FL 33126		
<b>2. Principal Place of Business</b> 7925 NW 125		<b>3. Mailing Address</b> 7925 NW 125		<div style="font-size: 24px; font-weight: bold;">30002156</div> <div style="display: flex; justify-content: space-around; font-size: 10px;"> <span>02022006</span> <span>Chg-LLC</span> <span>CR2E083 (11/05)</span> </div>	
Suite, Apt. #, etc. 120		Suite, Apt. #, etc. 120			
City & State Doral FL		City & State Doral FL			
Zip 33126		Zip 33126			
Country USA		Country USA		<b>4. FEI Number</b> 91-2186884	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  BOTAS, PATRICIA M 7925 NW 12TH ST., #330 MIAMI, FL 33126			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE:  DATE: 2/20/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTAS, PATRICIA 7925 NW 12TH ST., #330 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINGUEZ, ALEIDA 7460 E. PIOMASA LANE LAKEWORTH, FL 33467		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	
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	
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	
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	
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b>			3/6/06 (305) 418-9111 <small>Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative Date Daytime Phone #</small>		



ATTACHMENT  
30002156

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

ES PROPERTIES, LLC  
7875 NW 12 ST  
SUITE 120  
MIAMI, FL 33126

Subject: **ES PROPERTIES, LLC**

Reference Number: **L02000023429**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION