LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033082

1. Entity Name

ESR LLC



FILED Mar 11, 2003 8:00 am Secretary of State

02-24-2003 90047 019 ****50.00

2/20/03 (305) 292-1571

DO NOT WRITE IN THIS SPACE					55015432		
2. Principal Place of Business 1481 Boca Chica Rd Suite, Apt. #, etc.			3. Mailing Address 1481 Boca Chica Rd Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
	West	FLORIDA	City & State West	FLORIDA	4. FEI Number 65-116 3342	Applied For Not Applicable	
Zip 33c	240	Country US A	33040	Country USA	5. Certificate of Status Desired	\$5.00	
		The second second	The same of the sa	A STATE OF THE STA	7. Name and Address of Current Registered Agent		
DO NOT WRITE IN THIS SPACE Name Corporate Creations Network Onc. Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street							
8. The above	named entity	submits this statement for	the purpose of changing its i	City Miq v	ni Beach red agent or both in the State of Florida L	FL Zip Code 33 139	
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 Taide Bacz Vice President 3 4 03 Signature, typed or pfinited name of registered agent and talle if applicable.							
Make Check Payable to Florida Department of State DUE BY: MAY: 1 MANAGING MEMBERS / MANAGERS							
TITLE	Mar			THE	64.2. 经收益债券的股份 (1. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1	ENTERNANCE CONTRACTOR	
NAME STREET ADDRESS CITY-ST-ZIP	Steve 1481 Key	n Rockto Boca Ch West FL	eschel ica Rd 33040	NAME STREET ADDRESS CITY-ST-ZIP			
ITLE IAME STREET ADDRESS SITY-ST-ZIP	1481	r Rocktesc Boen Ch West Fi	hel ica Rd 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TLE AME IREET ADDRESS TY-ST-ZIP				TITLE NAME STREET ADDRESS CITY ST-ZIP			
1. 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.							

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