

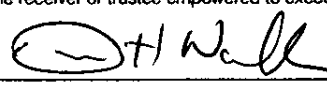


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90113 042 \*\*\*138.75

<b>DOCUMENT # L03000052648</b>			
1. Entity Name <b>ESQUIRE REALTY, LLC</b>			
Principal Place of Business <b>412 E. MADISON STREET SUITE 1111 TAMPA, FL 33602 US</b>		Mailing Address <b>412 E. MADISON STREET SUITE 1111 TAMPA, FL 33602 US</b>	
2. Principal Place of Business - No P.O. Box # <b>17545 DARBY LANE</b>		3. Mailing Address <b>17545 DARBY LANE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LOTZ, FL</b>		City & State <b>LOTZ, FL</b>	
Zip <b>33558-4817</b>	Country <b>US</b>	Zip <b>33558-4817</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>WALKOWIAK, DAVID H 412 E. MADISON STREET SUITE 1111 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>WALKOWIAK, DAVID H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>17545 DARBY LANE</b> City <b>LOTZ</b> <b>FL</b> Zip Code <b>33558-4817</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. SIGNATURE  DATE <b>4/8/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALKOWIAK, DAVID H 412 E. MADISON STREET TAMPA, FL 33602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALKOWIAK, DAVID H. 17545 DARBY LANE LOTZ, FL 33558-4817</b> <input checked="" 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
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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
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.			
SIGNATURE:  <b>DAVID H. WALKOWIAK</b> <b>4/8/08</b> <b>813-962-3126</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number **77-0618302** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required