


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90092 002 ****50.00

DOCUMENT # L04000008005 1. Entity Name E & S ENTERPRISES LOTS 9 & 10, LLC					
Principal Place of Business 14921 95TH LANE NORTH WEST PALM BEACH, FL 33412 US			Mailing Address 14921 95TH LANE NORTH WEST PALM BEACH, FL 33412 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2143339	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, SHARON M 14921 95TH LANE NORTH WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, SHARON M 14921 95TH LANE NORTH WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, WAVERLY E 14921 95TH LANE NORTH WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, WAVERLY E 14921 95TH LANE NORTH WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete			
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: <u>Sharon M. Davis</u> <u>7/27/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT
20065849
C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 27, 2005

Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Taxpayer: E & S ENTERPRISES LOTS 9 & 10, LLC
Document #: L04000008005
FEIN: 54-2143339
Tax Form: UBR
Tax Period: 2005

To Whom It May Concern:

We have enclosed check # in the amount of \$50.00 for the 2005 Annual Report of:
E & S ENTERPRISES LOTS 9 & 10, LLC, Document # L04000008005.

Please abate any penalty incurred as Ms. Davis did not receive the original UBR. The
Limited Liability Company is newly formed and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any
further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc