2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 04000022831

FILED Apr 04, 2005 8:00 am Secretary of State

1. Entity Nam	ne -	ESTMENTS, LLC					04-04-2005 90)419 03	0 ****50.0)O
Principal Plac	e of Rusines		Mailing Address			-	,	ሀህሬ፤		
6308 4TH AVENUE NORTHWEST BRADENTON, FL 34209		6308 4TH AVENUE NORTHWEST BRADENTON, FL 34209								
2. Principal F	lace of Busin	ness	3. Mailing Address							
			G. Walling Address				# BB## BJ## BJ## BB## B###			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03242005	Chg-LLC ·	CR2E	083 (10/03)	
City & State			City & State			4. FEI Numb	er - 12025	13		oplied For ot Applicable
Zip	Country		Zip Country		ntry		of Status Desired		\$5.00 Add	ditional
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered		-
HARRISO	N. G. JOS	SEPH			Name					
HARRISON, G. JOSEPH 1206 MANATEE AVENUE WEST BRADENTON, FL 34205					Street Address (P.O. Box Number is Not Acceptable)					
					City			FI	Zip Cod	e .
8. The above the obligat	named entitions of regist	ty submits this statement for tered agent.	the purpose of changing its	register	ed office or regist	ered agent, or bo	oth, in the State of Flo		_	and accept
SIGNATURE	Signature, typed	for printed name of registered agent an	nd title if applicable. (NOTE	: Registere	id Agent signature requi	red when reinstating)	. <u>.</u>	DATE		
		5.9			Make check payable to Florida Department of State					
· Fi	iling Fee i ue by Ma	is \$50.00 y 1, 2005	, 1, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	-						e .
· Fi	ling Fee i	is \$50.00 y 1, 2005 MANAGING MEMBER		10.		t t	Florida	Departr	nent of Stat	e
9.	ling Fee ue by Ma	y 1, 2005 MANAGING MEMBER		TITL	E .			Departr	nent of Stat	e
9.	MGRM DENTON 6308 4TH	y 1, 2005 MANAGING MEMBER	S/MANAGERS Delete	titli Nam Stre	E .		Florida	Departr	nent of Stat	·
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM DENTON 6308 4TH BRADEN	MANAGING MEMBER JOHN M AVENUE NORTHWEST TON, FL 34209	S/MANAGERS Delete	TITLI NAM STRE CITY	E RE EET ADDRESS '-ST-ZIP		Florida	Departr	nent of Stat	·
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I nereby 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.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #