

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055920

FILED
Jan 24, 2007
Secretary of State

Entity Name: ESTATE SOLUTIONS ENTERPRISES LLC

Current Principal Place of Business:

1522 SE 2ND STREET
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1522 SE 2ND STREET
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-6001290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, JOHN
1522 SE 2ND STREET
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

SCHNEIDER, MEAGHAN
1522 SE 2ND STREET
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: MEAGHAN SCHNEIDER

01/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHNEIDER, JOHN
Address: 1522 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: SCHNEIDER, MEAGHAN
Address: 1522 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHNEIDER, MEAGHAN
Address: 1522 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM (X) Change () Addition
Name: RILEY, DYLAN
Address: 1397 NORTHVIEW AVE NE
City-St-Zip: ATLANTA, GA 30306

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MEAGHAN SCHNEIDER

MGRM

01/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date