

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059908

Entity Name: ESP INVEST, LLC

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

14 NOTTINGHAM DR.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

14 NOTTINGHAM DR.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYBORG, LILLIAN
14 NOTTINGHAM DR.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ESPITTIA, BYRON
Address: 14 NOTTINGHAM DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: NYBORG, LILLIAN
Address: 14 NOTTINGHAM DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: ESPITTIA, IGOR
Address: P.O. BOX 28
City-St-Zip: CHAPLIN, CT 06235

Title: MGRM () Delete
Name: DRABEK, HILDA
Address: 206 PINE ST.
City-St-Zip: COLUMBIA, CT 06237

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LILLIAN NYBORG

MGRM

01/17/2006

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