

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077077

FILED
Jul 29, 2005
Secretary of State

Entity Name: ESC CTRL ENTERPRISES L.L.C.

Current Principal Place of Business:

1500 S. LAKE AVENUE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1500 S. LAKE AVENUE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3791247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORSE, KENNIS JR
1500 S. LAKE AVENUE
APOPKA, FL 32703 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORSE, KENNIS JR
Address: 1500 S. LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: MORSE, BRANDON
Address: 1500 S. LAKE AVENUE
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM () Change (X) Addition
Name: MORSE, MATTHEW K
Address: 703 ORANGE GROVE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNIS MORSE, JR.

MGR

07/29/2005

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