2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 10, 2008 08:00 AN Secretary of State **DOCUMENT # L04000085318** 1. Entity Name ESH, LLC Mailing Address Principal Place of Business 19824 OLD BELLAMY ROAD 19824 OLD BELLAMY ROAD ALACHUA, FL 32615 ALACHUA, FL 32615 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2553526 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent HINDERY, ELEONORE S DO NOT WRITE 19824 OLD BELLAMY ROAD ALACHUA, FL 32615 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000778941 01/11/08-80017-018 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME HINDERY, ELEONORE S 19924 BLVD BELLANY RD STREET ADDRESS CITY-ST-ZIP ALACHUA, FL 32615 TITLE NAMÉ STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11.1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

MLE NAME . STREET ADDRESS . CITY-ST-ZIP

13.30

1-9.08 356-462-2727 .. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #