


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90313 024 ***138.75

DOCUMENT # L04000088277

1. Entity Name
ESQUINA 19 LLC



Principal Place of Business 3363 NE 163 STREET 809 NORTH MIAMI BEACH, FL 33160 US	Mailing Address 3363 NE 163 STREET 809 NORTH MIAMI BEACH, FL 33160 US
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DO NOT WRITE IN THIS SPACE

04172008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1968446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIPS, ALAN
 666 71ST STREET
 MIAMI BEACH, FL 33141

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITTIPALDI, CLAUDIA 17050 N BAY RD APT 508 SUNNY ISLES BEACH, FL 33141
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11. I 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.

SIGNATURE: Claudia Fittipaldi 4-10-08 786-274-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #