

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011184

FILED  
Jul 28, 2006  
Secretary of State

Entity Name: ESQUIRE INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

2601 SOUTH BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SOUTH BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

ABREU, ROBERT E  
2601 SOUTH BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE, FL 33133 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: ABREU, ROBERT E  
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 1400  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: REAL, LESTTER  
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 1400  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

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: ROBERT E. ABREU

MGR

07/28/2006

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