2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000032005

Entity Name
 ESWH GROUND LEASE, LLC



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3675 SW 24TH STREET MIAMI, FL 33145

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DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 09-2145902

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A. ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE

8. The	above named entity submits this statement for the purpose of c	hanging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accep
the	obligations of registered agent.		
		7 1990	1/15/2
SIGNA	TURE WILLS STORY		11/9/01
SIGNA	Signature species printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	Signature specification of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	STEINHARDT, RAPHAEL
STREET ADDRESS	2121 NE 190 TERR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	MGR
NAME	DUNPHY, JOAN
STREET ADDRESS	P O BOX 669
CITY-ST-ZIP	FAR HILLS, NJ 07931
TITLE	
NAME	
STREET ADDRESS	
CMY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	

01/22/07-80069-001 50.00

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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 received or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

365 - 937-0772

GAMPIEL STENMARUT