


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000037180 1. Entity Name ESPLANADE PROPERTIES, LLC	
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Principal Place of Business 625 NORTH FLAGLER DRIVE SUITE 403 WEST PALM BEACH, FL 33401	Mailing Address 625 NORTH FLAGLER DRIVE SUITE 403 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



02262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 03-0560294	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SNIDER, MARK D ELK, BANKIER, CHRISTU & BAKST LLP 4800 NORTH FEDERAL HIGHWAY, SUITE 200E BOCA RATON, FL 33431
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

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 CANTOR, IRIS 625 N. FLAGLER DRIVE SUITE 403 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DESIDERIO, JOHN T 625 N. FLAGLER DRIVE SUITE 403 WEST PALM BEACH, FL 33401
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03/25/08-80033-001 138.75

**DO NOT WRITE
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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: <u><i>Joseph Stein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>2/28/08</u> Daytime Phone # <u>201 342 8800</u>