2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2006 8:00 am Secretary of State

DOCUMENT # L05000041973 1. Entity Name ESENBERG HARBOR POINTE, LLC			S. Wash		02-09-2006 901 46 030 ****50.00			
Principal Place of Business Mailing Address								
3431 PARKWAY BLVD. LAND O'LAKES, FL 34639		3431 PARKWAY BLVD. LAND O'LAKES, FL 34639						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numbe	-315879	1	pplied For ot Applicable	
Zip	Country	Zip Country		1	of Status Desired	□ \$5.00 Ad	ditional	
	8. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	Fee Require	9 0
			1	Name				
LASMAN, JEFFREY M ESQ. C/O LASMAN LAW FIRM, P.A. 1210 MILLENNIUM PARKWAY			-	Street Address (P.O. Box Number is Not Acceptable)				
BRANDON, FL 33511								
• ,				City	FL Zip Code			
	named entity submits this statement for	the purpose of changing its	registered	office or register	red agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept
	tions of registered agent.							
SIGNATURE .								
SIGNATORIE :	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Aç	gent signature required	d when reinstating)		DATE	
F	Signature, typed or printed name of registered agont a liling Fee is \$50.00 tue by May 1, 2008	nd title if applicable. (NOTE	E: Registered A	gent signature required	d when reinstating)		DATE te check payable to a Department of Sta	te
9.	iling Fee is \$50.00 we by May 1, 2008 MANAGING MEMBEI	RS/MANAGERS	10.	gent signature required	d when reinslating)		te check payable to a Department of Star CHANGES	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI		10.	gent signature required	d when reinstating)	Florida	e check payable to a Department of Sta	te
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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: YOU C WOLLD WAS CONTROL OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/06

(813)948-4440

Daytime Phone #