

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90015 047 ****50.00

DOCUMENT # L05000052669

1. Entity Name
ESPIRITO PROPERTIES LLC



Principal Place of Business
1228 WEST AVENUE UNIT 801
MIAMI BEACH, FL 33139

Mailing Address
1228 WEST AVENUE UNIT 801
MIAMI BEACH, FL 33139

2. Principal Place of Business
7419 GILLINGHAM ROW

3. Mailing Address
7419 GILLINGHAM ROW



Suite, Apt. #, etc.
1

Suite, Apt. #, etc.

04112006 Chg-LLC CR2E083 (11/05)

City & State
ALEXANDRIA, VA

City & State
ALEXANDRIA, VA

4. FEI Number
20-2970858

Applied For
Not Applicable

Zip Country
22315 USA

Zip Country
22315 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD STE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reappointing)

4/20/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGRM HARANSKY, STEPHEN ☐ Delete
STREET ADDRESS 7419 GILLINGHAM ROW
CITY-ST-ZIP ALEXANDRIA, VA 22315

TITLE NAME MGRM BADASH, HAIM ☐ Delete
STREET ADDRESS 177 OCEAN LANE DRIVE UNIT 506
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 201 GALEN DRIVE, SUITE 208
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

4/20/06

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

Date

Daytime Phone #