2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 8:00 am

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DOCUMENT # L05000052669 1. Entity Name ESPIRITO PROPERTIES LLC						Secreta 04-23-2007	-		
Principal Place of Business 7419 GILLINGHAM ROW ALEXANDRIA, VA 22315		Mailing Address 7419 GILLINGHAM ROW ALEXANDRIA, VA 22315			<i>b</i> ¹	JUJVV			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State			4. FEI Num 20-29	ber 70858		— — —	plied For t Applicable
Zìp	Country	Zip	Count	гу	5. Certifica	e of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name a	d Address of New	Registered	Agent	
BUSINESS FILINGS INCORPORATED				Name					
1203 GOV	ERNORS SQUARE BLVD STI SSEE, FL 32301-2960	101		Street Address (P.O. Box Number is Not Accept			le)		
				City			FL	Zip Code	9
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	d office or i	registered agent, or t	oth, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and this is continued to the continued t	. On sintage	A and alarmy	e can had taken raineteting!		DATE		
	agratus, 1990 at printed territorial and agratuation agration	d title if applicable. (NOTE: Registered Agent signature require			Make check payable to Florida Department of State				
	iling Fee is \$50.00 ue by May 1, 2007								•
D	ue by May 1, 2007	RS/MANAGERS	1 10.			Florid	la Departn	nent of State)
9.			10.				la Departn	nent of State	
D	ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10. TITLE			Florid	la Departn	nent of State	Addition
9. TITLE	MANAGING MEMBE		TITLE			Florid	la Departn	nent of State	
9. TITLE NAME	MANAGING MEMBE MGRM HARANSKY, STEPHEN		TITLE NAME STREE	:		Florid	la Departn	S Change	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM HARANSKY, STEPHEN 7419 GILLINGHAM ROW ALEXANDRIA, VA 22315 MGRM		TITLE NAME STREE	ET ADDRESS ST-ZIP		Florid	la Departn	nent of State	
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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 his report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

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

703.347.6270

Daytime Phone #