

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000099989**

**1. Entity Name**  
**ESS PRIDE L.L.C.**



**Principal Place of Business**  
**26 LAKE DRIVE**  
**PALM BEACH SHORES, FL 33404-6218**

**Mailing Address**  
**26 LAKE DRIVE**  
**PALM BEACH SHORES, FL 33404-6218**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

|                |
|----------------|
| Applied For    |
| Not Applicable |

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MYERS, ARTHUR R JR**  
**26 LAKE DRIVE**  
**PALM BEACH SHORES, FL 33404-6218**

**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**

Signature, typed or printed name 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**

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          | <b>MGR</b>                             |
| <b>NAME</b>           | <b>MYERS, ARTHUR R JR</b>              |
| <b>STREET ADDRESS</b> | <b>26 LAKE DRIVE</b>                   |
| <b>CITY-ST-ZIP</b>    | <b>PALM BEACH SHORES, FL 334046218</b> |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

U00000678302  
04/02/07-80027-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Mary J Myers*

3/22/07

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

Date

Daytime Phone #