## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 21, 2007 08:00 A Secretary of State

ANNU	AL REPORT			
DOCUMENT # L05000101062  1. Entity Name ESS ENDEAVOR, LLC				
Principal Place of Business	Mailing Address			
26 LAKE DRIVE PALM BEACH SHORES, FL 33404	S, FL 33404 26 LAKE DRIVE PALM BEACH SHORES, FL 33404			
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DO NOT WRITE IN THIS SPACE		CE	01092007 No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For NOT APPLICABLE Not Applicable  5. Certificate of Status Desired Sequired Fee Required			
	6. Name and Address of Current Registered Agent	· · · · · ·				
MYERS, ARTHUR R JR 26 LAKE DRIVE PALM BEACH SHORES, FL 33404			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. Lyped or printed name of registered agent and titlo if applicable. (NOTE Registered Agent agenture required when rolinstating).  DATE DATE						
Filing Fee is \$50.00 Due by May 1, 2007						
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYERS, ARTHUR R III 26 LAKE DRIVE PALM BEACH SHORES, FL 33404		80000 05/31/0	00764703 7-80007-002 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
. TITLE ; NAME : STREET ADDRESS : CITY-ST-ZIP			DO NOT W	'RITE		
TITLE NÄME STREET ADORESS CITY-ST-ZP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		•				

.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 eath; that I am a managing member or manager of the limited liability company or the receiver or tustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5-15-0

757-824-565 Daylima Phone a