

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105680

FILED
Jan 09, 2008
Secretary of State

Entity Name: ESB, LLC

Current Principal Place of Business:

1322 BELCHER DRIVE
TARPON SPRINGS, FL 34689 20

New Principal Place of Business:

Current Mailing Address:

2746 BIG PINE DRIVE
HOLIDAY, FL 34691

New Mailing Address:

1322 BELCHER DRIVE
TARPON SPRINGS, FL 34689

FEI Number: 42-1691423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLINKA, DAVID J
2312 U.S. HIGHWAY 19
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLIVE, PATRICK L
Address: 1322 BELCHER DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM (X) Delete
Name: OLIVE, WILLIAM R
Address: 1322 BELCHER DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM (X) Delete
Name: OLIVE, WHITNEY R
Address: 1322 BELCHER DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIVE, WILLIAM R
Address: 1322 BELCHER DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM R OLIVE JR

MGMR

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date