2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L05000119520

Entity Name: ESASER LLC

Current Principal Place of Business:

10014 NORTH DALE MABRY
SUITE 101
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10014 NORTH DALE MABRY
SUITE 101
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-3901114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUTIERREZ, ALBERTO
10014 NORTH DALE MABRY
SUITE 101
TAMPA, FL 33618 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: GUTIERREZ, ALBERTO
Address: 13501 SOBRADO DR
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete
Name: IVAN, GUTIERREZ
Address: 13501 SOBRADO DR
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete
Name: SERGIO, GUTIERREZ
Address: 13501 SOBRADO DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: GUTIERREZ, IVAN
Address: 13501 SOBRADO DR
City-St-Zip: TAMPA, FL 33624

Title: MGRM (X) Change ( ) Addition
Name: GUTIERREZ, SERGIO
Address: 13501 SOBRADO DR
City-St-Zip: TAMPA, FL 33624

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: ALBERTO GUTIERREZ MGRM 03/19/2009

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