


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000072507
 1. Entity Name
 ES JAX, LLC



Principal Place of Business 2701 MAITLAND CENTER PARKWAY STE 225 MAITLAND, FL 32751	Mailing Address 2701 MAITLAND CENTER PARKWAY STE 225 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 76-0833244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 STEIN, CLIFFORD L
 2701 MAITLAND CENTER PARKWAY
 STE 225
 MAITLAND, FL 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

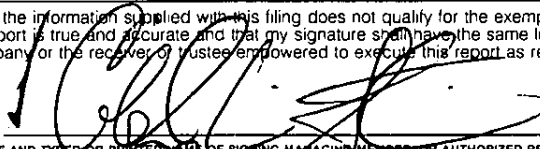
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEIN, CLIFFORD L 2701 MAITLAND CNTR PKWY, SUITE 225 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERMAN, REID S 2701 MAITLAND CNTR PKWY SUITE 225 MAITLAND, FL 32751
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 04/03/08-80044-006 143.75

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:  3/13/08 (407) 659-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #