
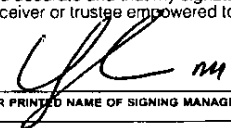


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 PM 4:08

DOCUMENT # L06000072962 1. Entity Name ESPERANZA, LLC					
Principal Place of Business 1818 S AUSTRALIAN AVE STE 410 WEST PALM BEACH, FL 33409				Mailing Address 1818 S AUSTRALIAN AVE STE 410 WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # 1860 FOREST HILL BLVD		3. Mailing Address 1860 FOREST HILL BLVD			
Suite, Apt. #, etc. SUITE 202		Suite, Apt. #, etc. SUITE 202			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33406	Country US	Zip 33406	Country US	4. FEI Number 02-0782759	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KLIGLER, LENNARD J 1818 S AUSTRALIAN AVE STE 410 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1860 FOREST HILL BLVD SUITE 202 City WEST PALM BEACH FL Zip Code 33406	
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			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLIGLER, LENNARD J 1818 S AUSTRALIAN AVE STE 410 WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLEN, ARNOLD 3801 PGA BLVD #910 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLEN, ARNOLD 3801 PGA BLVD #910 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLEN, ARNOLD 3801 PGA BLVD #910 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLEN, ARNOLD 3801 PGA BLVD #910 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
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: 			Date 4/18/08 Daytime Phone # 561-687-3600		

4/23/08