2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L06000080201

Entity Name: E.S.I. DEVELOPMENT GROUP LLC

Current Principal Place of Business:

18761 SW 297 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

18761 SW 297 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HERNANDEZ, ERNIE
18761 SW 297 ST
HOMESTEAD, FL 3303 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:	MGR	( ) Delete
Name:	DEL ROSARIO, ISMAEL	
Address:	25220 SW 197 AVE	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	MGR	( ) Delete
Name:	HERNANDEZ, ERNIE	
Address:	18761 SW 297 ST	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	MGR	( ) Delete
Name:	GONZALEZ, SANTIAGO JR	
Address:	17356 SW 282 ST	
City-St-Zip:	HOMESTEAD, FL 33030	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HERNANDEZ, ERNIE MGR 05/02/2007

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