


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90256 004 ****50.00

DOCUMENT # L06000082433	
1. Entity Name ESCO INTERNATIONAL, LLC	

Principal Place of Business 14920 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33470 US	Mailing Address P.O. BOX 210667 ROYAL PALM BEACH, FL 33421 US
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2. Principal Place of Business - No P.O. Box # 14920 OKEECHOBEE BLVD.	3. Mailing Address 14920 OKEECHOBEE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LOXAHATCHEE, FL	City & State LOXAHATCHEE, FL
Zip 33470	Country USA
Zip 33470	Country USA



04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number "APPLIED FOR"	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DODGE, KENNETH W 1700 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent Name DONELON, THOMAS Street Address (P.O. Box Number is Not Acceptable) 7711 N. MILITARY TRAIL STE. 202 City WEST PALM BEACH FL Zip Code 33410
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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 THOMAS DONELON DATE 4/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HICKS, JAMES P.O. BOX 210667 ROYAL PALM BEACH, FL 33421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 JAMES HICKS, JR. MEMBER DATE 4-28-07