
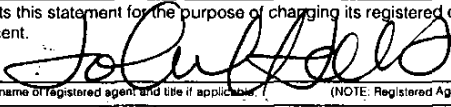


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90199 008 \*\*\*\*50.00

<b>DOCUMENT # L06000084346</b> 1. Entity Name <b>E2 (E-SQUARED), LLC</b>			
Principal Place of Business <b>1560 MATTHEW DRIVE SUITE H FORT MYERS, FL 33907 US</b>		Mailing Address <b>1560 MATTHEW DRIVE SUITE H FORT MYERS, FL 33907 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2077 First St.</b>		3. Mailing Address <b>2077 First St.</b>	
Suite, Apt. #, etc. <b>208</b>		Suite, Apt. #, etc. <b>208</b>	
City & State <b>Fort Myers FL</b>		City & State <b>Fort Myers FL</b>	
Zip <b>33901</b>	Country <b>USA</b>	Zip <b>33901</b>	Country <b>USA</b>
4. FEI Number <b>20-5517444</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33907</b>		7. Name and Address of New Registered Agent Name <b>JoAnne Holt</b> Street Address (P.O. Box Number is Not Acceptable) <b>2077 First St # 208</b> City <b>Fort Myers</b> FL Zip Code <b>33901</b>	
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:  DATE: <b>5/9/07</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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: 		Date: <b>5/9/07</b> Daytime Phone #: <b>(239) 337-1979</b>	

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