

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120717

FILED
Mar 28, 2008
Secretary of State

Entity Name: ESJ ASSET MANAGEMENT, LLC

Current Principal Place of Business:

201 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

New Principal Place of Business:

20900 NE 30TH AVENUE
SUITE 311
AVENTURA, FL 33180

Current Mailing Address:

201 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

New Mailing Address:

20900 NE 30TH AVENUE
SUITE 311
AVENTURA, FL 33180

FEI Number: 20-8088908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SITBON, ARNAUD
201 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160 US

Name and Address of New Registered Agent:

SITBON, ARNAUD
20900 NE 30TH AVENUE
SUITE 311
AVENTURA, FL 33180 US

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: ARNAUD SITBON

03/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: MJ 18 ENTERPRISES, I, NC.
Address: 277 OCEAN BLVD.
City-St-Zip: GOLDEN BEACH, FL 33160

Title: MGRM () Delete
Name: SITBON, ARNAUD
Address: 201 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SITBON, ARNAUD
Address: 20900 NE 30TH AVENUE SUITE 311
City-St-Zip: AVENTURA, FL 33180

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: ARNAUD SITBON

MGRM

03/28/2008

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