


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L07000072077</b> 1. Entity Name <b>ES HOSPITALITY, LLC</b>	
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Principal Place of Business <b>2315 NW 107 AVENUE                  SUITE 1M-17, BOX 52                  DORAL, FL 33172</b>	Mailing Address <b>2315 NW 107 AVENUE                  SUITE 1M-17, BOX 52                  DORAL, FL 33172</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  SOLE, ADRIENNE 2315 NW 107 AVENUE SUITE 1M,17, BOX 52 DORAL, FL 33172	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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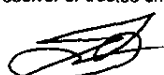
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF, ADEL M	NAME	U00000939107
STREET ADDRESS	2315 NW 107 AVENUE, SUITE 1M-17, BOX 52	STREET ADDRESS	05/26/08-80014-023 138.75
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCALPRO GROUP CORP.	NAME	
STREET ADDRESS	2315 NW 107 AVENUE, SUITE 1M-17, BOX 52	STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  MANAGER 04/30/08 786 6215415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #