2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# L07000103196

Entity Name: ESG HANSELMAN II MANAGEMENT, LLC

Current Principal Place of Business:

4770 BISCAYNE BLVD
400
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

4770 BISCAYNE BLVD
400
MIAMI, FL 33137 US

New Mailing Address:

4550 N BAY ROAD
MIAMI BEACH, FL 33140 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:

WALTERS, ALAN S
4770 BISCAYNE BLVD
640
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

HERMAN, JUDITH
4550 N BAY ROAD
MIAMI BEACH, FL 33140 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: JUDITH HERMAN 05/12/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SLOMOWITZ, ELI
Address: 4770 BISCAYNE BLVD, ST 400
City-St-Zip: MIAMI, FL 33137 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: DR. ( ) Change (X) Addition
Name: HERMAN, JUDITH
Address: 4550 N BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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: JUDITH HERMAN DR. 05/12/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date