

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094021

FILED
Apr 28, 2009
Secretary of State

Entity Name: ESPL MANAGEMENT LLC

Current Principal Place of Business:

218 E DAVIS BLVD
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

218 E DAVIS BLVD
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 26-3448232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTER, WILLIAM
744 S VILLAGE CIRCLE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEE, ESTHER S
Address: 3006 N OLA AVE
City-St-Zip: TAMPA, FL 33603 US

Title: MGRM () Delete
Name: LEE, DANIEL T
Address: 3006 N OLA AVE
City-St-Zip: TAMPA, FL 33603 US

Title: MGRM () Delete
Name: LEE, MARYANNE H
Address: 3006 N OLA AVE
City-St-Zip: TAMPA, FL 33603 US

Title: MGRM () Delete
Name: LEE, DAVID H
Address: 1167 NW 50TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

ADDITIONS/CHANGES:

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

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

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

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

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: MARYANNE LEE

MGRM

04/28/2009

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