APPROVED AND FILED
09-29-2002 90004 035 ****61.25
L98000002401

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

02 SEP 29 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002401

1. Entity Name
E.S. BANKEST L.C.

AMENDED

DO NOT WRITE IN THIS SPACE

874251

2. Principal Place of Business	3. Mailing Address
999 BRICKELL AVENUE	2 S. BISCAYNE BLVD.
Suite, Apt. #, etc.: PENTHOUSE	Suite, Apt. #, etc.: SUITE 3400
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: USA	Zip: 33131 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0887242 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VALDES-FAULI CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2 SOUTH BISCAYNE BLVD., SUITE 3400

City: MIAMI **FL** Zip Code: 33131

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ORLANSKY, EDUARDO 999 BRICKELL AVENUE, PH MIAMI, FLORIDA 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ORLANSKY, HECTOR 999 BRICKELL AVENUE, PH MIAMI, FLORIDA 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STANHAM, R. PETER 999 BRICKELL AVENUE, PH MIAMI, FLORIDA 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PARLAPIANO, DOMINICK 999 BRICKELL AVENUE, PH MIAMI, FLORIDA 33131
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ EDUARDO ORLANSKY 9/20/02 305-358-5610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #