

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L98000002401</b>					
<b>1. Entity Name</b> E.S. BANKEST L.C.					
<b>Principal Place of Business</b> 999 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131			<b>Mailing Address</b> 2 S. BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 2675 South Bayshore Dr		<b>3. Mailing Address</b> 2675 South Bayshore Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 65-0887242	
<b>Zip</b> 33133		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FREEMAN, LEWIS B 2675 SOUTH BAYSHORE DRIVE RECEIVER FO E.S. BANKEST, LC COCONUT GROVE, FL 33133			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> ORLANSKY, EDUARDO <b>STREET ADDRESS</b> 999 BRICKELL AVENUE, PH. <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b> C/O IRA LOEWY, ESQ. <b>NAME</b> 300 BRICKELL PH-2 <b>STREET ADDRESS</b> MIAMI, FL 33131 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> ORLANSKY, HECTOR <b>STREET ADDRESS</b> 999 BRICKELL AVENUE, PH. <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b> C/O IRA LOEWY, ESQ. <b>NAME</b> 800 BRICKELL PH-2 <b>STREET ADDRESS</b> MIAMI, FL 33131 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> STANHAM, R. PETER <b>STREET ADDRESS</b> 999 BRICKELL AVENUE, PH. <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b> C/O MIKE ROSEN, ESQ. <b>NAME</b> 2400 S. Dixie Highway #105 <b>STREET ADDRESS</b> MIAMI, FL 33133 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> PARLAPIANO, DOMINICK <b>STREET ADDRESS</b> 999 BRICKELL AVENUE, PH. <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b> C/O JUAN Bauta, ESQ. <b>NAME</b> 6915 Red Road #206 <b>STREET ADDRESS</b> CORAL Gables FL 33143 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		300041564743 10/04/04--01028--010 **\$50.00		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____			10/01/04 (305)443-6622		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

FILED  
04 OCT - 1 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FL



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