## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900000915

1. Entity Name



**FILED** Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90111 048 \*\*\*\*50.00

ESS PROPERTIES, LLC								
Principal Place of Business  160 E. LAKE BRANTLEY DRIVE LONGWOOD FL 32779		Mailing Address 160 E. LAKE BRANTLEY DRIVE LONGWOOD FL 32779						
2. Principal	Place of Business	3. Mailing Address	·					
Suite, Apt. #, etc.		Suite Apt # are						
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num	ber <b>59-3557297</b>	<del></del>	Applied For
Zip Country		Zíp	Zip Country		5. Certificate of Status Desired 5.00 Additional			
	6. Name and Address of Current	Registered Agent	<u> </u>			nd Address of New Regis	Fee,Requi	red
QIH	IMONS, MARK R			Name Vai	LL 4	La Cauca E	stered Agent	
	E. LAKE BRANTLEY DRIVE		-	Street Address (F	P.O. Box Num	ber is Not Acceptable)	<u>&gt;q.</u> ()	
	NGWOOD FL 32779		<u> </u>	<u> </u>				·
		, 	-		. LAK	E BRANTL	EY DR.	
				city Long	MOOD		FL Zip Co	
<ol><li>The above the obligation</li></ol>	e named entity submits this statement for tions of registered agent.	the purpose of changing i	its registered	office or registere	ed agent, or b	oth, in the State of Florida	. I am familiar with	and accept
SIGNATURE	Set A St. fel	re	Keit	tn H. Le	Fevre	02	105/200	n 77
	Signature, typed or printed name of registered agent a	nd title if applicable. (NC		ent signature required v			DATE	<u> </u>
		Make Check Payal		E IS \$50.00 da Departmen 1, 2003	t of State			
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CHA	NGES	·
TITLE NAME	MGRM MEYER, GERALD W	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	160 E LAKE BRANTLEY DRIVE		NAME Street al					
TITLE	LONGWOOD FL 32779 MGRM		CITY-ST-	ZIP				<u>.</u>
NAME	SIMMONS, MARK R	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	160 E LAKE BRANTLEY DRIVE		STREET AL	DDRESS				
CITY-ST-ZIP	LONGWOOD FL-32779	<u></u>	CITY-ST-	ZIP				
NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
Street address			STREET AL	odress (				
CITY-ST-ZIP			CITY-ST-Z	ZIP				
TITLE Name		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS			NAME STREET AD	DRESS				
CITY-ST-ZIP	•		CITY-ST-Z	1				İ
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			NAME STREET AD	DRESS			-	
CITY-ST-ZIP			CITY-ST-Z	F .				]
ITLE		☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition
TREET ADDRESS			NAME				Onlangs	Audidon
ITY-ST-ZIP	11/		STREET ADI	[				
1. I hereby co	ertify that the information supplied with the on this report is true and accurate and the	his filing does not qualify for	- the		on 119.07(3)(	i), Florida Statutes. I furthe	er certify that the in	formation
limited liab	on this report is true and accurate and the dility company or the receiver or trustee e	n powered to execute this	report as requ	ai effect as if mad uired by Chapter	de under oath 608, Florida S	that I am a managing me statutes.	ember or manager	r of the

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING

2/7/03