

2001 UNIFORM BUSINESS REPORT (UBR)

0000540 AF

DOCUMENT # L99000005612

1. Entity Name
ESSEN MARKETING, L.L.C.

FILED

01 APR 25 AM 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O THOMAS J. DAVIS, JR.
150 ALHAMBRA CIRCLE, SUITE 1260
CORAL GABLES FL 33134

Mailing Address
C/O THOMAS J. DAVIS, JR.
150 ALHAMBRA CIRCLE, SUITE 1260
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0947444		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DAVIS, THOMAS J JR. 150 ALHAMBRA CIRCLE, SUITE 1260 CORAL GABLES FL 33134				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPENTER, NORMAN A 12403 NACOGDOCHES, #110 SAN ANTONIO TX 78217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Norman A. Carpenter*
SIGNATURE REQUIRED
NORMAN A. CARPENTER

4-11-01 210-599-7926

CR2E083 (11/00)