


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005612	
1. Entity Name ESSEN MARKETING, L.L.C.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12403 NACOGDOCHES Suite, Apt. #, etc. SUITE 110 City & State SAN ANTONIO, TX Zip 78217 Country USA	3. Mailing Address 3363 W. COMMERCIAL BLVD. Suite, Apt. #, etc. SUITE 202 City & State FT. LAUDERDALE, FL Zip 33309 Country USA
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4. FEI Number 650947444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name RAUL RIO, C.P.A.
Street Address (P.O. Box Number is Not Acceptable) 3363 W. COMMERCIAL BLVD., STE. 202 City FT. LAUDERDALE FL Zip Code 33309

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.

SIGNATURE *Norman A. Carpenter* **NORMAN A. CARPENTER**
Signature, typed or printed name of registered agent and, if applicable, member or manager **MEMBER / MGR** **3-29-03**
DATE

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, INTERVAL FINANCIAL SERVICES, L.C. 12403 NACOGDOCHES, SUITE 110 SAN ANTONIO, TX 78217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500013983905 03/12/03--01022--010 **55.00
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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* **NORMAN CARPENTER, REP** **11/9/03** **210-599-7926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)