2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000000517

1. Entity Name
ESQUIRE PROPERTY MANAGEMENT, LLC



FILED Mar 05, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

540 WATER ST CELEBRATION, FL 34747 540 WATER ST CELEBRATION, FL 34747



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 33-0994664 Not Applicable		
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	4. FEI Number	Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUTRIS, F 540 WATE CELEBRA		DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. [NOTE, Registered]	Agent sgnature required when reinstating) DATE
F	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURTIS, KEVIN A 906 SPRING PARK LOOP CELEBRATION, FL 34747	U00000656277 03/14/07~80018-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-SY-ZIP		
11. I hereby	certify that the information supplied with this filing does not qualify for the ex	emptions contained in Chapter 119, Florida Statutes. I further certify that the information

11. I nereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING MANDARG MEMBER, OR AUTHORIZED REPRESENTATIVE

2.22.07

321.939.2210

Daytime P