

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000581

Entity Name: ESE LLC

**FILED**  
**Feb 10, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

4598 NW 26TH AVE.  
BOCA RATON, FL 334342518

**New Principal Place of Business:**

**Current Mailing Address:**

4598 NW 26TH AVE.  
BOCA RATON, FL 334342518

**New Mailing Address:**

FEI Number: 56-2340365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPODILUPO, FRANCIS A  
4598 NW 26TH AVE.  
BOCA RATON, FL 334342518 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CAPODILUPO, FRANCIS A  
Address: 4598 NW 26TH AVE.  
City-St-Zip: BOCA RATON, FL 334342518

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANCIS A. CAPODILUPO

MGR

02/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date