

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000378

Entity Name: ESB CONSULTING, LLC

FILED
Jul 18, 2005
Secretary of State

Current Principal Place of Business:

469 3RD STREET NORTH
NAPLES, FL 34102

New Principal Place of Business:

800 FIFTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102

Current Mailing Address:

469 3RD STREET NORTH
NAPLES, FL 34102

New Mailing Address:

800 FIFTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102

FEI Number: 41-2063317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

BARAKETT, PETER
800 FIFTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102 US

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: PETER BARAKETT

07/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARAKETT, PETER
Address: 152 WEST 57TH STREET, 45TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARAKETT, PETER
Address: 800 FIFTH AVENUE SOUTH, SUITE 203
City-St-Zip: NAPLES, FL 34102

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: PETER BARAKETT

MGRM

07/18/2005

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