


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90016 049 \*\*\*\*50.00

<b>DOCUMENT # M04000000378</b>					
<b>1. Entity Name</b> ESB CONSULTING, LLC					
<b>Principal Place of Business</b> 800 FIFTH AVENUE SOUTH SUITE 203 NAPLES, FL 34102			<b>Mailing Address</b> 800 FIFTH AVENUE SOUTH SUITE 203 NAPLES, FL 34102		
<b>2. Principal Place of Business</b> 217A 8th Ave. South Suite, Apt. #, etc.		<b>3. Mailing Address</b> 217A 8th Ave. South Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		<b>4. FEI Number</b> 41-2063317	
Zip 34102		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BARAKETT, PETER 800 FIFTH AVENUE SOUTH SUITE 203 NAPLES, FL 34102			<b>7. Name and Address of New Registered Agent</b> Name <u>Peter Barakett</u> Street Address (P.O. Box Number is Not Acceptable) 217A 8th Ave. South City <u>Naples</u> <u>FL</u> Zip <u>34102</u>		
<b>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.</b> SIGNATURE <u>Peter Barakett</u> DATE <u>4/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARAKETT, PETER 800 FIFTH AVENUE SOUTH, SUITE 203 NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARAKETT, PETER 217A 8TH AVE. SOUTH NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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	
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	
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Peter Barakett</u>			Date <u>4/11/06</u> 239-434-6545		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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