


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004652	
1. Entity Name ESA MANAGEMENT L.L.C.	

Principal Place of Business 9 EAST LOOCKERMAN STREET, SUITE 1-B DOVER, DE 19901	Mailing Address 9 EAST LOOCKERMAN STREET, SUITE 1-B DOVER, DE 19901
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2. Principal Place of Business	3. Mailing Address <i>100 Dunbar Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Spartanburg SC</i>
Zip	Zip <i>29306</i>
Country	Country

FILED
05 MAR 28 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRE/ESA BUSINESS TRUST 345 PARK AVENUE NEW YORK, NY 10154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* 3/10/2005 864-573-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #