2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000005739

1. Entity Name
ESILO, LLC

Principal Place of Business	Mailing Address
1530 CYPRESS DRIVE SUITE H JUPITER, FL 33469	1530 CYPRESS DRIVE SUITE H JUPITER, FL 33469

01092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1655160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHERNOW, RONALD
1530 CYPRESS DRIVE
SUITE H
JUPITER, FL 33469

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHERNOW, RONALD
STREET ADDRESS	1530 CYPRESS DRIVE
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	MGR
NAME	CHERNOW, ANDREW
STREET ADDRESS	1530 CYRESS DRIVE SUITE H
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	MGR
NAME	CHERNOW, DAVID
STREET ADDRESS	1530 CYPRESS DRIVE SUITE H
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	MGR
NAME	SEYMOUR, DANIEL
STREET ADDRESS	93 DANN FARM ROAD
CITY-ST-ZIP	POUND RIDGE, NY 10576
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000796042
01/29/08-80016-018 138.75

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 1/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #