

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002000

Entity Name: ESM REALTY, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

1755 LEXINGTON AVENUE
DELAND, FL 32724

New Principal Place of Business:

6C WEST TOWER CIRCLE
102
ORMOND BEACH, FL 32174

Current Mailing Address:

1755 LEXINGTON AVENUE
DELAND, FL 32724

New Mailing Address:

6C WEST TOWER CIRCLE
UNIT 102
ORMOND BEACH, FL 32174

FEI Number: 20-2736760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TECCE, JOHN
1755 LEXINGTON AVENUE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

TECCE, JOHN
6C WEST TOWER CIRCLE
UNIT 102
ORMOND BEACH,, FL 32174 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:

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORE, JOHN
Address: 30 ROCKEFELLER PLAZA, 50TH FLOOR
City-St-Zip: NEW YORK, NY 10020

Title: MGRM () Delete
Name: TECCE, JOHN
Address: 1755 LEXINGTON AVENUE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: TECCE, JOHN
Address: 6C WEST TOWER CIRCLE, UNIT 102
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN TECCE

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04/17/2007

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