


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

06 JUN 29 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000004417			
1. Entity Name ESPLANADE GP LLC			
Principal Place of Business C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, #1101-E WEST PALM BEACH, FL 33401		Mailing Address C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, #1101-E WEST PALM BEACH, FL 33401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHEWALTER, WILLIAM H C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, #1101-E WEST PALM BEACH, FL 33401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN PROPERTIES INC. 777 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <i>William A. Shewalter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: April 27, 2006 Daytime Phone: 561-833-3777	

William A. Shewalter, Vice President