FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90265 036 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Narr	MENT # M07000001 ESALE, LLC	954								
Principal Plac 3753 HOWAI LAS VEGAS, I	RD HUGHS PARKWAY, SUITE 200	Meiling Address 3753 HOWARD HUGHS PARKWAY, SUITE 200 LAS VEGAS, NV 89169					0015365			
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02142008	Chg-LLC	CR2E083	(12/06)	.
City & State		City & State				4. FEI Numbe 20-816				plied For t Applicable
Zip	Country Zip -			itry		5. Certificate	of Status Desired		5.00 Add e Required	
	6. Name and Address of Current R	egistered Agent		Name		7. Name and	Address of New R	egistered Ag	ent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331					eet Address (P.O. Box Number is Not Acceptable)					
	. 1			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										
FiLE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					-		The state of the same of the state of the st	a check pay Departmen	Transfer to the Property of th	
9.	MANAGING MEMBER	S/MANAGERS	10.		12		ADDITIONS/			
TITLE NAME STREET ADDRESS	CD PREVITI, JOHN 3753 HOWARD HUGHS PARKWA	Delete AY, SUITE 200		E Et adoress	Fra 375	nk J. (c. Office Glankler rd Hughes	, III B Pky.] Change #20	Addition O
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAS VEGAS, NV 89189 ST PREVIVI, CHRISTINA 3753 HOWARD HUGHS PARKWA LAS VEGAS, NV 89169	Delete	TITLE NAM STRE	-ST-ZIP E E ADDRESS -ST-ZIP	Sec Jai 375	retary me D. H 3 Howar	NV 891 Banfield d Hughes NV 8916	C Pky.	Change #200	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDEZ, STEVEN 3753 HOWARD HUGHS PARKWA LAS VEGAS, NV 89169	Delate			Chi Ric 375	ef Fina hard B.	ancial Of Munkvol d Hughes	ficer ld Pky.		Addition O
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicite							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						C	Change	Addition
11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE JUNE Jaime D. Banfield 2/14/08 SIGNADURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MEMB										