

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90031 007 \*\*\*\*50.00

**DOCUMENT # M98000000328**

1. Entity Name

**ESL INVESTMENTS, L.L.C.**

Principal Place of Business

**6222 KATHY LANE  
SHREVEPORT LA 71105**

Mailing Address

**6222 KATHY LANE  
SHREVEPORT LA 71105**

2. Principal Place of Business

3. Mailing Address

**The Kingsley Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7110 University Drive, Apt. 212**

City &amp; State

City &amp; State

**Shreveport, LA 71105**

Zip

Country

Zip

Country

**USA**4. FEI Number **72-1400743**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSH, LAWRENCE P  
150 N.E. EGLIN PARKWAY  
FORT WALTON BEACH FL 32548**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
<b>MGRM COLQUITT, ETHEL K 6222 KATHY LANE SHREVEPORT LA 71105</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ETHEL K. COLQUITT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

Attachment  
913694  
#M9800000328

## CHANGE OF ADDRESS

Please send mail to new address beginning: 11/20/70

Month Day Year

Colquitt, Ethel K.

(aka Mrs. Charles H)

My Name (Last name, first name, middle)

6222 Kathy Lane

OLD Address

OLD Complete Street Address or PO Box or Rural Route and RR Box

Shreveport

LA

71105

Apt./Suite #

City or Post Office The Kingsley Place

State

ZIP or ZIP +4 Code

7110 University Dr.

#212

NEW Address

NEW Complete Street Address or PO Box or Rural Route and RR Box

Shreveport

LA

71105

Apt./Suite #

City or Post Office

State

ZIP or ZIP +4 Code

(318) 524-0098

NEW Telephone Number (Optional)

Account Number (if applicable)

Ethel K. Colquitt

Signature

Today's Date: 11/20/70

Month Day Year