2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# M98000000329

Entity Name: ESL PROPERTIES, L.L.C.

Current Principal Place of Business:

6305 QUERBES DR
SHREVEPORT, LA 71106

New Principal Place of Business:

13704 OLD OAKS COURT
FORT WORTH, TX 76028

Current Mailing Address:

6305 QUERBES DR
SHREVEPORT, LA 71106

New Mailing Address:

13704 OLD OAKS COURT
FORT WORTH, TX 76028

FEI Number: 72-1400725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAWDAWAR, HELEN
3899 MESA ROAD GLIN PARKWAY
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCKIBBEN, SUSAN C
Address: 6305 QUERBES DR
City-St-Zip: SHREVEPORT, LA 71106

Title: MGRM ( ) Delete
Name: TAYLOR, LINDA C
Address: 7 WINDWARD ROAD
City-St-Zip: FORT WORTH, FL 76132

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: TAYLOR, LINDA C
Address: 13704 OLD OAKS COURT
City-St-Zip: FORT WORTH, TX 76028

I hereby certify that the information supplied with this filing does not qualify 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: LINDA C. TAYLOR MGR 08/11/2008

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