

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016337

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: ESTERO PLACE, LLC

**Current Principal Place of Business:**

1000 NW 17TH AVE.  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 NW 17TH AVE.  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 05-0617557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENDER, GARRETT M  
1000 NW 17TH AVE.  
DELRAY BEACH, FL 33445 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: ASCOT ESTERO PLACE,, LLC  
Address: 1000 NW 17TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MBR ( ) Delete  
Name: BAY STATE REALTY VEN, TURES ESTERO W E ST, LLC  
Address: 18205 BISCAYNE BLVD #2201  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: BAY STATE REALTY VEN, TURES ESTERO W E ST, LLC  
Address: 18205 BISCAYNE BLVD #2201  
City-St-Zip: AVENTURA, FL 33160

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: GARRETT BENDER

MGRM

04/27/2007

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