
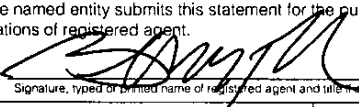
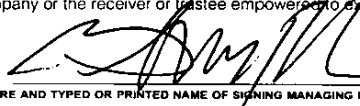


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90319 021 ***138.75

DOCUMENT # L05000016337			
1. Entity Name ESTERO PLACE, LLC			
Principal Place of Business 1000 NW 17TH AVE. DELRAY BEACH, FL 33445 US		Mailing Address 1000 NW 17TH AVE. DELRAY BEACH, FL 33445 US	
2. Principal Place of Business - No P.O. Box # 6420 CONGRESS AVE Suite, Apt. #, etc. 2000		3. Mailing Address 6420 Congress Avenue Suite, Apt. #, etc. 2000	
City & State BOCA RATON		City & State Boca Raton FL	
Zip FL 33487		Country USA	
Zip PALM BEACH		Country USA	
6. Name and Address of Current Registered Agent BENDER, GARRETT M 1000 NW 17TH AVE. DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name: Bender, Garrett Street Address (P.O. Box Number is Not Acceptable): 6420 Congress Ave, Suite 2000 City: Boca Raton FL Zip Code: 33487	
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: 		GARRETT BENDER 04/17/08	
Signature, typed or printed name of registered agent and title, applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASCOT ESTERO PLACE, LLC 1000 NW 17TH AVE. DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAY STATE REALTY VENTURES ESTERO WEST, LLC 18205 BISCAYNE BLVD #2201 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: 		GARRETT BENDER 04/17/08 561.495.7554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60026206



04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 05-0617557 Applied For Not Applicable

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