


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000450</b>	
1. Entity Name ESTERO GROUP, LTD.	

Principal Place of Business 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103	Mailing Address 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03142005 Chg-LP CR2E003 (10/03)



4. FEI Number  
55-0825796

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOLOFF, JEREMY M 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable

9. Capital Contributions as Shown on record. \$2,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000009542	STREET ADDRESS	
NAME	ESTERO GROUP MANAGEMENT, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	4099 TAMiami TRAIL, NORTH, SUITE 305		
CITY-ST-ZIP	NAPLES, FL 34103		
DOCUMENT #		STREET ADDRESS	U00000366698
NAME		CITY-ST-ZIP	05/16/05-80002-025 526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **4.16.05** **239-262-3034**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE