

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000016277

FILED  
Apr 19, 2002 8:00 AM  
Secretary of State

Entity Name: VILLA D'ESTE, LLC

**Current Principal Place of Business:**

24860 BURNT PINE DRIVE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

24860 BURNT PINE DRIVE  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 59-3699274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARLICK, THOMAS B  
8889 PELICAN BAY BLVD., SUITE 300  
NAPLES, FL 34108 US

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

GARLICK, THOMAS B  
5551 RIDGEWOOD DRIVE  
SUITE 101  
NAPLES, FL 34108 US

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

04/19/2002

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, PAULA J  
Address: 24860 BURNT PINE DR.  
City-St-Zip: BONITA SPRINGS, FL

Title: MGR ( ) Delete  
Name: FRASCO, JOHN W  
Address: 24860 BURNT PINE DR.  
City-St-Zip: BONITA SPRINGS, FL

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: FRASCO, JOHN W  
Address: 24860 BURNT PINE DR.  
City-St-Zip: BONITA SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAULA J DAVIS

MGRM

04/19/2002

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