

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90063 017 ****50.00

DOCUMENT # L00000016277

1. Entity Name
VILLA D'ESTE, LLC



Principal Place of Business
24860 BURNT PINE DRIVE
BONITA SPRINGS, FL 34134

Mailing Address
24860 BURNT PINE DRIVE
BONITA SPRINGS, FL 34134

2. Principal Place of Business

5405 TAYLOR RD

Suite, Apt. #, etc.

Suite 4

City & State

NAPLES, FL

Zip

34109

Country

USA

3. Mailing Address

5405 TAYLOR RD

Suite, Apt. #, etc.

Suite 4

City & State

NAPLES, FL

Zip

34109

Country

USA



04162004 Chg-LLC CR2E083 (10/03)

4. FEI Number

59-3699274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DAVIS, PAULA J	
STREET ADDRESS	24860 BURNT PINE DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRASCO, JOHN W	
STREET ADDRESS	24860 BURNT PINE DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/04 239 5935470