2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# L01000000342

Entity Name: ESTERO PROPERTIES, LLC

Current Principal Place of Business:

3521 BONITA BAY BLVD
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3838 TAMIAMI TRAIL NORTH, STE. 300
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3698136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODMAN & BREEN PA
3838 TAMIAMI TRAIL NORTH, STE. 300
NAPLES, FL 34103 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:	MGR	( ) Delete
Name:	PHOENIX PHINANCE, IN, C	
Address:	3838 TAMIAMI TRAIL N. #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGR	( ) Delete
Name:	KD GOODMAN TRUSTEE O, F ESTERO INVES T TRUST	
Address:	3838 TAMIAMI TRAIL N. #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGR	( ) Delete
Name:	BAHMS, MICHAEL	
Address:	3521 BONITA BAY BLVD	
City-St-Zip:	BONITA SPRINGS, FL 34134	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH D GOODMAN MGR 01/11/2006

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