

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90062 043 \*\*\*\*50.00

**DOCUMENT # L01000012460**

**1. Entity Name**  
**ESTERO VERDE DEVELOPMENT COMPANY, LLC**



**Principal Place of Business**  
**588 111TH AVE. NORTH**  
**NAPLES FL 34108**

**Mailing Address**  
**588 111TH AVE. NORTH**  
**NAPLES FL 34108**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3735201**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WILKERSON, RANDY**  
**1061 COLLIER CENTER WAY, STE. 7**  
**NAPLES FL 34110**

Name **Randy Wilkerson**

Street Address (P.O. Box Number is Not Acceptable)

**588 111th AVE N**

**NAPLES**

City

**NAPLES**

FL

Zip Code

**34110**

**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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**WILKERSON, RANDY**  
**588 111TH AVE N**  
**NAPLES FL 34108**

☐ Delete

TITLE  
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**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 #

**2/10/03**

CR2E083 (10/02)