

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000022493**

1. Entity Name  
**SIESTA 41, L.L.C.**



Principal Place of Business  
**T-41 5830 MIDNIGHT PASS  
SARASOTA, FL 34242**

Mailing Address  
**1710 LAKE DRIVE  
INDEPENDENCE, MO 64055**



07052007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**94-3417779**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

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

**CLARK, JAMES C  
1800 SECOND ST  
SUITE 890  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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  
**07/16/07**

**Filing Fee is \$50.00  
Due by September 14, 2007**

**07/16/07-80013-018 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESRY, WILLIAM C 1710 LAKE DRIVE INDEPENDENCE, MO 64055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESRY, DAVID R 708 NW SILVER RIDGE LEES SUMMIT, MO 64081
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7-10-07 816-358-5000**