


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000008325 1. Entity Name ESTERO BAYSIDE, LLC	
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Principal Place of Business 7205 ESTERO BLVD FT MYERS BEACH, FL 33931 US	Mailing Address 7205 ESTERO BLVD FT MYERS BEACH, FL 33931 US
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01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0664553	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCNABB, JOY 7205 ESTERO BLVD FT MYERS BEACH, FL 33931

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD MCNABB, JOY M 22724 ISLAND PINES WAY #503 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTHAFFER, CHARLES 7693 PEBBLE CREEK CIR #303 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEIGAND, DON 980 NORTH HILL LN CINCINNATI, OH 45224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARODCELLI, VALERIO 6869 SILVERY LN DEARBORN HEIGHTS, MI 48127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000211032
02/02/05-80106-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **1/24/05** **540-420-0010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #