

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000008325

1. Entity Name  
ESTERO BAYSIDE, LLC



Principal Place of Business  
22628 ISLAND PINES WAY  
FT MYERS BEACH, FL 33931 US

Mailing Address  
22628 ISLAND PINES WAY  
FT MYERS BEACH, FL 33931 US



02172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0664553

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

MCNABB, JOY  
22628 ISLAND PINES WAY  
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 reconstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**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

U00000647212  
03/06/07-80063-010 50.00

**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 #

C.S. WESTHAFFER

2/20/07

239-765-1000