2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90055 050 ****55.00

DOCUMENT # L02000008325

1. Entity Name
ESTERO BAYSIDE, LLC

Principal Place of Business	Mailing Address
22724 ISLAND PINES WAY, UNIT 4-503 FT MYERS BEACH FL 33931	22724 ISLAND PINES WAY, UNIT 4-503 FT MYERS BEACH FL 33931

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
22724 ISLAND PINES WAY # 503	22724 ISLAND PINES WAY # 503
Suite, Apt. #, etc.: #503	Suite, Apt. #, etc.: #503
City & State: FT MYERS BEACH, FL	City & State: FT MYERS BEACH, FL
Zip: 33931 Country: LEE	Zip: 33931 Country: LEE

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
22724 ISLAND PINES WAY, UNIT 4-503
FT MYERS BEACH FL 33931

SINCE MAILING THE ORIGINAL, WE HAVE OPENED A NEW OFFICE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
7205 ESTERO BLVD # 9

City: FT MYERS BEACH FL Zip Code: 33931

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: Joy M. McNabb DATE: 2/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DEVELOPER MANAGER JOY M. MCNABB 22724 ISLAND PINES WAY #503 FT MYERS BEACH, FLA 33931 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES WESTHAFER, MARKETING MANAGER 7693 PEBBLE CREEK CIR #303 NAPLES, FL 34108	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DON WEIGAND, MANAGER ☐ Delete 980 NORTH HILL LANE CINCINATTI, OHIO 45224	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VALERIO MARODCELLI, MANAGER 6869 SILVERY LN DEARBORN HEIGHTS, MICHIGAN 48127	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Joy M. McNabb MANAGER 1/13/03 239-463-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #