

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90030 025 \*\*\*\*50.00

**DOCUMENT # L03000009542**

1. Entity Name  
**ESTERO GROUP MANAGEMENT, LLC**



Principal Place of Business  
**4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES, FL 34103**

Mailing Address  
**4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES, FL 34103**



03142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1879042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**SOLOFF, JEREMY M  
4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES, FL 34103**

**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	MGRM
NAME	SOLOFF, JEREMY M
STREET ADDRESS	4099 TAMiami TRL #305
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	Asa Candler, Asa III
STREET ADDRESS	4099 TAMiami TRL #305
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	William E Fitzgerald, William E.
STREET ADDRESS	4099 TAMiami TRL #305
CITY-ST-ZIP	NAPLES, FL 34103
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 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, OR AUTHORIZED REPRESENTATIVE

**4.26.05**

Date

**239-262-3034**

Daytime Phone #