2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # L03000025861 1. Entity Name ESTEROVISTA, LLC Principal Place of Business _ Mailing Address 3936 TAMIAMI TRAIL NORTH 3936 TAMIAMI TRAIL NORTH SUITE E SUITE E NAPLES, FL 34103 NAPLES, FL 34103 04152005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0105942 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MOAVENI, ARDAVAN DO NOT WRITE 3936 TAMIAMI TRAIL NORTH, SUITE E NAPLES, FL 34103 IN THIS SPACE 6. 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 state of the s the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 *U00000320800* MANAGING MEMBERS/MANAGERS 04721705-80049-020-50.00 9, MGR TITLE FLORIDA MANAGEMENT & DEVELOPMENT CORP. NAME 3936 TAMIAMI TRAIL NORTH, SUITE E STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 TALE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

ARDAVAN MOAVENI SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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