

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026804

Entity Name: LB ESTUARY, LLC

FILED
May 12, 2005
Secretary of State

Current Principal Place of Business:

9130 GALLERIA COURT, SUITE 200
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

9130 GALLERIA COURT, SUITE 200
NAPLES, FL 34109

New Mailing Address:

FEI Number: 61-1454501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, STEPHEN
9130 GALLERIA COURT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

WILSON, STEPHEN G
9130 GALLERIA COURT
NAPLES, FL 34109 US

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.

SIGNATURE: STEPHEN G. WILSON

05/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LONDON BAY ESTUARY I, NVESTMENTS, LL C
Address: 9130 GALLERIA COURT
City-St-Zip: NAPLES, FL 34109

Title: MGRM (X) Delete
Name: RPG OF ESTUARY, LLC,
Address: 639 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHEN G. WILSON

MGE

05/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date