


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000015724 1. Entity Name ESTERO WAREHOUSE, L.L.C.	
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Principal Place of Business INGRAHAM BUILDING 25 SE SECOND AVENUE, SUITE 710 MIAMI, FL 33131	Mailing Address INGRAHAM BUILDING 25 SE SECOND AVENUE, SUITE 710 MIAMI, FL 33131
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01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0804494	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAVINA, PETER J 1833 HENDRY STREET FT. MYERS, FL 33901
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREUSS, WERNER J 25 SE SECOND AVENUE, SUITE 710 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREUSS, JUTTA 25 SE SECOND AVENUE, SUITE 710 MIAMI, FL 33131
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<p>U00000653720 03/13/07-80034-008 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: *Werner J. Preuss* **WERNER J. PREUSS** 2/23/07 x805377114
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #