

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90062 046 ****50.00

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01242005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000028417 1. Entity Name ESTERO BAY II, LLC																							
Principal Place of Business 23880 MESSINA COURT BONITA SPRINGS, FL 34134			Mailing Address 23880 MESSINA COURT BONITA SPRINGS, FL 34134																				
2. Principal Place of Business 999 Vanderbilt Beach Rd Suite, Apt. #, etc. Suite 601		3. Mailing Address 999 Vanderbilt Beach Rd Suite, Apt. #, etc. Suite 601		4. FEI Number 341989642 Applied For <input type="checkbox"/> Not Applicable																			
City & State Naples, FL		City & State Naples, FL																					
Zip 34108		Country USA																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HOLLARS, JAMES A 23880 MESSINA COURT BONITA SPRINGS, FL 34134																					
7. Name and Address of New Registered Agent Name Kyle N. Williamson CPA Street Address (P.O. Box Number is Not Acceptable) 999 Vanderbilt Beach Rd Suite 601 City Naples FL Zip Code 34108																							
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 _____ DATE 2/20/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																							
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																				
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MGRM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>James A. Hollars</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>23880 Messina Court</td> </tr> <tr> <td></td> <td>Bonita Springs, FL 34134</td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	MGRM	STREET ADDRESS	James A. Hollars	CITY - ST - ZIP	23880 Messina Court		Bonita Springs, FL 34134
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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: _____ DATE 2/24/05 DAYTIME PHONE 239 949 0390 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																							