

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 08, 2008 08:00 Al Secretary of State

1. Entity Name ESTERO BAY II, LLC



Principal Place of Business

4099 TAMIAMI TRAIL N. SUITE 200 NAPLES, FL 34103 US Mailing Address

4099 TAMIAMI TRAIL N. SUITE 200 NAPLES, FL 34103 US



01162008 No Chg-LLC

CR2E083 (12/07)

Daylime Phone #

4.	FEI Number	
	34-1989642	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

		Address			

WILLIAMSON, KYLE N 4099 TAMIAMI TRAIL N. SUITE 200 NAPLES, FL 34103

SIGNATURE:

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 it applicable	(NOTE, Registered Agent signature required when reinstating)	DATE		
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS		TATEL WAS A STATE OF THE STATE		
TITLE NAME STREET ADDRESS CJTY-ST-ZIP	MGRM HOLLARS, JAMES A 23880 MESSINA COURT BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
THLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		T NI	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st other company or the received of trustee empowered to exe	qualify for the exemptions contained in Chapter 119 nall have the same logal effect as if made under oa cute this report as required by Chapter 608, Florida	P. Florida Statutes. I further certify that the information th, that I am a managing member or manager of the Statutes.		