

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90190 048 \*\*\*\*50.00

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**DOCUMENT # L04000028440**

1. Entity Name  
ESTERO BAY I, LLC



Principal Place of Business  
999 VANDERBILT BEACH ROAD  
SUITE 601  
NAPLES, FL 34108

Mailing Address  
999 VANDERBILT BEACH ROAD  
SUITE 601  
NAPLES, FL 34108

2. Principal Place of Business - No P.O. Box #  
4099 Tamiami Tr. N.  
Suite, Apt. #, etc.  
200  
City & State  
Naples, FL  
Zip  
34103  
Country  
USA

3. Mailing Address  
4099 Tamiami Tr. N.  
Suite, Apt. #, etc.  
200  
City & State  
Naples, FL  
Zip  
34103  
Country  
USA

03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
34-1989638

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
WILLIAMSON, KYLE N CPA  
999 VANDERBILT BEACH ROAD  
SUITE 601  
NAPLES, FL 34108

7. Name and Address of New Registered Agent  
Name  
Kyle N. Williamson  
Street Address (P.O. Box Number is Not Acceptable)  
4099 Tamiami Tr. N.  
Suite 200  
City  
Naples  
FL  
Zip  
34103

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 (NOTE: Registered Agent signature required when reinstating)

DATE 3/5/07

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLARS, JAMES A 23880 MESSINA COURT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James A. Hollars  
MANAGING MEMBER March 5, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #