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Special Instructions to	Filing Officer:			
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SECRETARY OF CORPORATION

Office Use Only

COVER LETTER

Division of Corporations				
CUDIECT.	Fet	ero Bay I	HC	,
SUBJECT:	Name of Limit			
ľ	tame or Lum	icu Liavilii	y Compan	y
Dear Sir or Madam:				
The enclosed Registered Agent/Reg	gistered Offic	e Change a	nd fee(s) a	are submitted for filing.
Please return all correspondence co	ncerning this	matter to ti	he followi	ng:
James. A. Ho	llars			
Name of Person			•	
Estero Bay I,	LLC			
Firm/Company				
23880 Messin	a Ct.			
Address		•	•	
5 " 6 " 5	04404			
Bonita Springs, F		<u> </u>	•	
City/State and Zip Co	xae			
iimanellie@aol	.com			
jimanellie@aol E-mail address: (to be used for future an	nual report notific	ation)	•	
For further information concerning	this matter, p	lease call:		
James A. Hollars	at	(239)	949 0390
Name of Person		A	rea Code & D	baytime Telephone Number
STREET/COURIER ADDR	ESS:		LING ADI	
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle			hassee, Flor	rida 32314
Tallahassee, Florida 32301		_	•	
Enclosed is a check for the	following ar	mount:		
\$25 Filing Fee		\$55	Filing Fee	e & Certified Copy

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	Estero Bay I, LLC
(a) Principal office address of limited liability comp	·
2. (a) Principal office address of finited habitity comp	
(Note: MUST BE STREET ADDRESS)	4099 Tamiami Trail N., Suite 200 Naples, FL 34103
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	4099 Tamiami Trail N., Suite 200 Naples, FL 34103
April 13, 2004	L 04000028440
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Kyle N. Williamson
Registered Office Address:	400 Tamiami Trail N., Suite 200 S
	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	™ or
NEW Registered Agent:	James A. Hollars
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	23880 Messina Ct. Bonita Springs ,FL34134
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization
James A. Hollars	
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00