

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90189 002 ****55.00

DOCUMENT # L04000036715

1. Entity Name

ESTERO HOTEL DEVELOPMENT, LLC



Principal Place of Business

2630 NORTHBROOKE PLAZA DRIVE
NAPLES FL 34119

Mailing Address

2630 NORTHBROOKE PLAZA DRIVE
NAPLES FL 34119

2. Principal Place of Business

Estero Hotel Development

7569 Cordoba Circle

Naples, FL 34109

3. Mailing Address

Estero Hotel Development

7569 Cordoba Circle

Naples, FL 34109

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1103842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, C. NEIL ESQ.
TRIANON CENTRE, THIRD FLOOR
850 PARK SHORE DRIVE
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE .. MGRM ☐ Delete
NAME BOU-SLIMAN, MICHAEL G MGRM
STREET ADDRESS 8000 VERA CRUZ WAY
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE *Mgrm* **Michael Bou-Sliman** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7569 Cordoba Circle**
CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MICHAEL G. BOU-SLIMAN

3-6-06

239-494-4418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #