

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90591 028 \*\*\*\*50.00

20020274



<b>DOCUMENT # L04000062446</b> 1. Entity Name <b>ESTATES INTERNATIONALE LLC</b>					
Principal Place of Business <b>959 PERIWINKLE WAY SANIBEL ISLAND, FL 33957</b>			Mailing Address <b>959 PERIWINKLE WAY SANIBEL ISLAND, FL 33957</b>		
2. Principal Place of Business <b>12453 CLEVELAND AVE</b>		3. Mailing Address <b>12453 CLEVELAND AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>FORT MYERS FL</b>		City & State <b>FORT MYERS FL</b>		4. FEI Number <b>20-1538411</b>	
Zip <b>33907</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHOENIX, CHARLES P ESQ 12697 NEW BRITTANY BOULEVARD FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name <b>Jeery Novelli</b> Street Address (P.O. Box Number is Not Acceptable) <b>1309 PARVIEW DRIVE</b> City <b>SANIBEL</b> <b>FL</b> Zip Code <b>33957</b>			
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 <u>X</u> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>OWNER JOANNE B. NOVELLI 1309 PARVIEW DRIVE SANIBEL FL 33957</b> <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	
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 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.					
<b>SIGNATURE: X</b> <u>Joanne B. Novelli, pres.</u> <u>Mar. 19, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					