2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062446

1. Entity Name
ESTATES INTERNATIONALE LLC



Principal Place of Business

12453 CLEVELAND AVENUE FORT MYERS, FL 33907 US Mailing Address

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FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90039 035 ****50.00

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01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For	
20-1538411	 Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOVELLI, JOANNE B 959 PERIWINKLE WAY SANIBEL, FL 33957

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 if applicable.	(NOTE: Registered Apont signature required when renetating)	DATE		
	ling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS		 ;		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOVELLI, JOANNE B 959 PERIWINKLE WAY SANIBEL, FL 33957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	VRITE		
title Name Street address City-St-Zip		IN THIS S	PACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling 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.					

AND JYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE