2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L04000081499 1. Entity Name W/B ESTERO GP, LLC					04-30-2007 90053 020 ****50.00				
Principal Place of Business 2121 PONCE DE LEON BLVD 1250 MIAMI, FL 33134		Mailing Address 2121 PONCE DE LEON BLVD 1250 MIAMI, FL 33134			ייטטס				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007	Chg-LLC	CR2E083	(12/06)		
City & State		City & State		4. FEI Number 20-1899				plied For t Applicable	
Zip Country		Zip	Country		5. Certificate of	of Status Desired		.00 Addi Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Age	nt	
STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A. 150 WEST FLAGLER STREET, S UITE 2200				Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL									i
	· :-	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2007									
							ke check paya a Department		•
	ue by May 1, 2007 MANAGING MEMB		10.	1			/CHANGES	t of State	
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9.	ue by May 1, 2007 MANAGING MEMB	☐ Delete	TITE NAM STR	E	al Pouce	ADDITIONS	/CHANGES	Change	Addilion
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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 impowered to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #