

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90027 043 ****50.00

DOCUMENT # L04000082125

1. Entity Name
CCA ESTERO, LLC



Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE 1002

MIAMI, FL 33133

2121 Ponce de Leon Blvd, #1250

CORAL GABLES, FL 33134

Mailing Address

2665 SOUTH BAYSHORE DRIVE, SUITE 1002

MIAMI, FL 33133

2121 Ponce de Leon Blvd, #1250

CORAL GABLES, FL 33134



04262006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-1899828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF &
SITTERSON, P.A.
150 WEST FLAGLER ST., SUITE 2200
MIAMI, FL 33130

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEISER, WARREN
2665 S BAYSHORE DRIVE, # 1002
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROOKS, CAROL
2665 S BAYSHORE DRIVE, # 1002
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

WARREN P. WEISER

4/28/06

Date

305-850-7342

Daytime Phone #