

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092237

Entity Name: BUCKEYE ESTERO, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

16418 WILLOWCREST WAY
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16418 WILLOWCREST WAY
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-2094238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, RUTH
16418 WILLOWCREST WAY
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCOTT, RUTH L
Address: 16418 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: BONKOWSKI, ED
Address: 17105 SAN CARLOS BLVD., SUITE A6-114
City-St-Zip: FORT MYERS, FL 33931

Title: MGRM () Delete
Name: HENSIEN, MICHAEL J
Address: 5256 SPRING CREEK LANE
City-St-Zip: SYLVANIA, OH 43560

Title: MGRM () Delete
Name: CARR, DAVID M
Address: 1413 S. WYNN RD.
City-St-Zip: OREGON, OH 43616

Title: MGRM () Delete
Name: SCOTT, JOHN N
Address: 3651 CHESTERTON DR.
City-St-Zip: TOLEDO, OH 43615

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUTH L. SCOTT

MGM

03/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date