

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90040 005 \*\*\*\*50.00

**DOCUMENT # L05000099987**  
 1. Entity Name  
 2001 ESTERO LLC



Principal Place of Business  
 2555 ESTERO BLVD.  
 FT. MYERS BEACH, FL 33931

Mailing Address  
 2555 ESTERO BLVD.  
 FT. MYERS BEACH, FL 33931

30011010



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired.  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHENKO, WILLIAM E JR.  
 1661 ESTERO BLVD., #24  
 FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAATAJA, JUDY A 2555 ESTERO BLVD. FT. MYERS BEACH, FL 33931	<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 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] 4-17-06 239-765-2133  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 30011010

#L05000099987

Form **SS-4** Application for Employer Identification Number  
 (Rev. February 2006) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
 Department of the Treasury Internal Revenue Service ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003  
 EIN

**1** Legal name of entity (or individual) for whom the EIN is being requested  
 2001 Estero, LLC

**2** Trade name of business (if different from name on line 1)

**3** Executor, administrator, trustee, "care of" name  
 Judy A. Haataja

**4a** Mailing address (room, apt., suite no. and street, or P.O. box)  
 2555 Estero Blvd

**5a** Street address (if different) (Do not enter a P.O. box.)

**4b** City, state, and ZIP code  
 Ft. Myers Beach, FL 33931

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
 Lee County, FL

**7a** Name of principal officer, general partner, grantor, owner, or trustor  
 Judy A. Haataja

**7b** SSN, ITIN, or EIN  
 506-46-1719

**8a** Type of entity (check only one box)

Sole proprietor (SSN) \_\_\_\_\_

Partnership

Corporation (enter form number to be filed) ▶ \_\_\_\_\_

Personal service corporation

Church or church-controlled organization

Other nonprofit organization (specify) ▶ \_\_\_\_\_

Other (specify) ▶ **Disregarded Entity-Sole Proprietorship (LLC)**

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator (SSN) \_\_\_\_\_

Trust (SSN of grantor) \_\_\_\_\_

National Guard  State/local government

Farmers' cooperative  Federal government/military

REMIC  Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ \_\_\_\_\_

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State: Florida Foreign country: \_\_\_\_\_

**9** Reason for applying (check only one box)

Started new business (specify type) ▶ **Real Estate Leasing**

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶ \_\_\_\_\_

Banking purpose (specify purpose) ▶ \_\_\_\_\_

Changed type of organization (specify new type) ▶ \_\_\_\_\_

Purchased going business

Created a trust (specify type) ▶ \_\_\_\_\_

Created a pension plan (specify type) ▶ \_\_\_\_\_

**10** Date business started or acquired (month, day, year). See instructions.  
 October 11, 2005

**11** Closing month of accounting year  
 December

**12** First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ none

**13** Highest number of employees expected in the next 12 months (enter -0- if none).

Do you expect to have \$1,000 or less in employment tax liability for the calendar year?  Yes  No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)

Agricultural: 0 Household: 0 Other: 0

**14** Check one box that best describes the principal activity of your business.

Construction  Rental & leasing  Transportation & warehousing  Accommodation & food service  Wholesale-agent/broker

Real estate  Manufacturing  Finance & insurance  Other (specify) \_\_\_\_\_

Health care & social assistance  Wholesale-other  Retail

**15** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  
 Real Estate Leasing

**16a** Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
 Note. If "Yes," please complete lines 16b and 16c.

**16b** If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
 Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

**16c** Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
 Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

**Third Party Designee**

Designee's name \_\_\_\_\_ Designee's telephone number (include area code) \_\_\_\_\_

Address and ZIP code \_\_\_\_\_ Designee's fax number (include area code) \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Judy A. Haataja** Applicant's telephone number (include area code) ( 239 ) 463-3400

Signature ▶ \_\_\_\_\_ Date ▶ **6-16-09** Applicant's fax number (include area code) ( 239 ) 463-8715

# ATTACHMENT

36011010  
#105000099987

numbers can only be used to apply for an EIN. The numbers may change without notice. Fax-TIN is available 24 hours a day, 7 days a week.

Be sure to provide your fax number so the IRS can fax the EIN back to you.

**Note.** By using this procedure, you are authorizing the IRS to fax the EIN without a cover sheet.

**Mail.** Complete Form SS-4 at least 4 to 5 weeks before you will need an EIN. Sign and date the application and mail it to the service center address for your state. You will receive your EIN in the mail in approximately 4 weeks. See also *Third Party Designee* on page 6.

Call 1-800-829-4933 to verify a number or to ask about the status of an application by mail.

purchased from the National Technical Information Service (NTIS).

To order Pub. 1796, IRS Tax Products CD, call 1-877-CDFORMS (1-877-233-6767) toll free or connect to [www.irs.gov/cdorders](http://www.irs.gov/cdorders).

## Tax Help for Your Business

IRS-sponsored Small Business Workshops provide information about your federal and state tax obligations. For information about workshops in your area, call 1-800-829-4933.

## Related Forms and Publications

The following forms and instructions may be useful to filers of Form SS-4.

- Form 990-T, Exempt Organization Business Income Tax Return.
- Instructions for Form 990-T.
- Schedule C (Form 1040), Profit or Loss From Business.
- Schedule F (Form 1040), Profit or Loss From Farming.
- Instructions for Form 1041 and Schedules A, B, D, G, I, J, and K-1, U.S. Income Tax Return for Estates and Trusts.
- Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons.
- Instructions for Form 1065, U.S. Return of Partnership Income.
- Instructions for Form 1066, U.S. Real Estate Mortgage Investment Conduit (REMIC) Income Tax Return.
- Instructions for Forms 1120 and 1120-A.
- Form 2553, Election by a Small Business Corporation.
- Form 2848, Power of Attorney and Declaration of Representative.
- Form 8821, Tax Information Authorization.
- Form 8832, Entity Classification Election.

For more information about filing Form SS-4 and related issues, see:

- Pub. 51 (Circular A), Agricultural Employer's Tax Guide;
- Pub. 15 (Circular E), Employer's Tax Guide;
- Pub. 538, Accounting Periods and Methods;
- Pub. 542, Corporations;
- Pub. 557, Tax-Exempt Status for Your Organization;
- Pub. 583, Starting a Business and Keeping Records;
- Pub. 966, The Secure Way to Pay Your Federal Taxes for Business and Individual Taxpayers;
- Pub. 1635, Understanding Your EIN;
- Package 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; and
- Package 1024, Application for Recognition of Exemption Under Section 501(a).

### Where to Fax or File

If your principal business, office or agency, or legal residence in the case of an individual, is located in:	Fax or file with the "Internal Revenue Service Center" at:
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Attn: EIN Operation Holtsville, NY 11742  Fax-TIN: 631-447-8960
Illinois, Indiana, Kentucky, Michigan	Attn: EIN Operation Cincinnati, OH 45999  Fax-TIN: 859-669-5760
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wisconsin, Wyoming	Attn: EIN Operation Philadelphia, PA 19255  Fax-TIN: 859-669-5760
If you have no legal residence, principal place of business, or principal office or agency in any state:	Attn: EIN Operation Philadelphia, PA 19255  Fax-TIN: 215-516-1040

## How To Get Forms and Publications

**Phone.** Call 1-800-TAX-FORM (1-800-829-3676) to order forms, instructions, and publications. You should receive your order or notification of its status within 10 workdays.

**Internet.** You can access the IRS website 24 hours a day, 7 days a week at [www.irs.gov](http://www.irs.gov) to download forms, instructions, and publications.

**CD-ROM.** For small businesses, return preparers, or others who may frequently need tax forms or publications, a CD-ROM containing over 2,000 tax products (including many prior year forms) can be

## Specific Instructions

Print or type all entries on Form SS-4. Follow the instructions for each line to expedite processing and to avoid unnecessary IRS requests for additional information. Enter "N/A" (nonapplicable) on the lines that do not apply.

**Line 1—Legal name of entity (or individual) for whom the EIN is being requested.** Enter the legal name of the entity (or individual) applying for the EIN exactly as it appears on the social security card, charter, or other applicable legal document. An entry is required.