2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000115795

Entity Name

ESTÉRO PARTNERS, LLC



FILED Jan 22, 2008 08:00 AN Secretary of State

Principal Place of Business

801 N.E. 1671H STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162 Mailing Address

801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
33-1028011

5. Certificate of Status Desired

Applied For Not Applicable

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEISSER, MICHAEL H 801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of chan the obligations of registered agent. 	ging its registered office or registered agent, or	both, in the State of Florida.	I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	110000079	Meda

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 ___U00000791339 01/23/08-80072-002 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAMŁ	WEISSER, MICHAEL W
STREET ADDRESS	801 NE 167TH DR 2ND PL
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CHY-S1-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TMLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	
	certify that the information supplied with this filing does not qualify for the ex-

DO NOT WRITE 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 DIED OF PRINTED NAME OF RIGHING MANAGING MEMBER, OF AUMHORIZED REPRESENTATIVE

305-698-9110

Date

Daytime Phone #