


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90043 006 ****50.00

DOCUMENT # L06000077822

1. Entity Name
ESTERO BAY PARTNERS LLC



Principal Place of Business Mailing Address
6685 BETA DRIVE **6685 BETA DRIVE**
CLEVELAND, OH 44143 US **CLEVELAND, OH 44143 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



04102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

RANALLO, ROBERT A
4801 ISLAND POND COURT, SOUTH ENTRANCE
SUITE 503
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

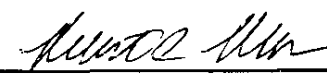
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANALLO, ROBERT A		NAME	Aveni, James V.	
STREET ADDRESS	6685 BETA DRIVE		STREET ADDRESS	6685 Beta Drive	
CITY-ST-ZIP	CLEVELAND, OH 44143		CITY-ST-ZIP	Cleveland, Ohio 44143	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEHRISCH, DENNIS M TRUSTEE		NAME	Trefzger, Randall	
STREET ADDRESS	8901 TYLER BOULEVARD		STREET ADDRESS	8100 Deepwood Boulevard	
CITY-ST-ZIP	MENTOR, OH 44060		CITY-ST-ZIP	Mentor, Ohio 44060	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **Robert A. Ranallo,**
 Managing Member **4/10/07** **(440) 684-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #