


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000077822 1. Entity Name ESTERO BAY PARTNERS LLC	
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Principal Place of Business 6685 BETA DRIVE CLEVELAND, OH 44143 US	Mailing Address 6685 BETA DRIVE CLEVELAND, OH 44143 US
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8324885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RANALLO, ROBERT A 4801 ISLAND POND COURT, SOUTH ENTRANCE SUITE 503 BONITA SPRINGS, FL 34134


DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANALLO, ROBERT A 6685 BETA DRIVE CLEVELAND, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVENI, JAMES V 6685 BETA DR CLEVELAND, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREFZGER, RANDALL 8100 DEEPWOOD BLVD MENTOR, OH 44060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000779760 01/11/08-80051-003 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/8/08 <small>Date</small>	(440) 684-1600 <small>Daytime Phone #</small>
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