FILE NOW: Fee after May 1, will be \$588.75

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ANNUAL REPORT		FLORIDA DEPARTMI Sandra B. M Secretary DIVISION OF COR	ortham State	FILED
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				977 MAX 155 PM 122:166
1. Name and Mailing Address of Limited Lightity Company DOCUMENT # 0500000127				SECRETARY OF STANGE TAP TANASSEE FLORIDA 1a. Principal Place of Business Address
ESTERO CAPITAL PARTNERS, L.C. 1661 ESTERO BOULEVARD SUITE 22 FORT MYERS BEACH FL 33931				1a. Principal Place of Business Address 1661 ESTERO BOULEVARD SUITE 22 FORT MYERS BEACH FL 33931
If above mailing address is incorrect in any way, line through incorrect 2 Principal Place of Business 2a. Mail		ect information and enter co ailing Address	rrection in Block 2a.	3. Date Organized or Qualified 3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/03/1995 FL
City & State	City &	City & State		Applied For
				65-0536889
Zip Country	Zip	Coun	try	06/21/1996
7. Name and Address of Co	rrent Register	ed Agent	Name	B. Name and Address of New Registered Agent
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE Avid 23, 1997				
		(NOTE Registered Agent signatu	re required when reinstaliness Street Address	
MGR PEARCE, LAWRENCI	E L	1661 ESTER	O BLVD.,	#22 FORT MYERS BEACH FL 4.000021846247 -05/20/9701029013 *****203.75 *****203.75
				1 085-19-97
11. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: When I was a supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:				