File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham FILED **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 27 AM II: 54 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000177 1a. Principal Place of Business Address ESTERO CAPITAL PARTNERS, L.C. 1661 ESTERO BOULEVARD 1661 ESTERO BOULEVARD SUITE 22 SUITE 22 FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 03/03/1995 4. FEI Number FLApplied For Not Applicable 65-0536889 5. Date of Last Report 6. Certificate of Status Desired US. \$6.75 Additional Fee Required 05/15/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PEARCE, LAWRENCE L Street Address (P.O. Box Number is Not Acceptable) 372 LENELL RD. FT. MYERS BEACH FL 33931 Suite, Apt. #, etc. Zip Code 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 office or 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent agnature required whon reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGR PEARCE, LAWRENCE L FORT MYERS BEACH FL 372 Linell Rd 33931 800002515878---05/07/98--01100--024 ****188.75 ****188.75 APR 29 1998 11. I 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

Ilmited 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

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attachment with an address.

SIGNATURE: