FILED

99 SEP 30 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 588.75

Annual Report $100.00 + $88.75 Corporation Supplemental Fee + $400.00 Late Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L95000000177

ESTERO CAPITAL PARTNERS, L.C.
372 LENELL RD.
FORT MYERS BEACH FL 33931

1a. Principal Place of Business Address

372 LENELL RD.
FORT MYERS BEACH FL 33931

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip | Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 03/03/1995

3a. State of Formation: FL

4. FEI Number: 65-0536889

☐ Applied For
☐ Not Applicable

5. Date of Last Report: 04/27/1998

6. Certificate of Status Desired: ☐

7. Name and Address of Current Registered Agent

PEARCE, LAWRENCE L
372 LENELL RD.
FT. MYERS BEACH FL 33931

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box number is Not Acceptable)

Suite, Apt. #, etc

City: FL | 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 _____ DATE _____

(Registered agent accepting appointment) (NOTE: Registered agent signature required when completing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PEARCE, LAWRENCE L	372 LENELL RD.	FORT MYERS BEACH FL

900003005529--0
-10/05/99--01075--015
****588.75 ****588.75

10-1-99

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 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: Lawrence L Pearce - Lawrence L Pearce 7-31-99 941-418-8783

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (6/99)