2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9500000177

1. Entity Name

ESTERO CAPITAL PARTNERS, L.C.



FILED Mar 18, 2003 8:00 am Secretary of State 03-18-2003 90150 017 ****50.00

]				45 115	/				
372 LENELL R	ice of Business RD. BEACH FL 339		Mailing Address 372 LENELL RD. FORT MYERS BEACH FL 3	13931					
2. Principal I	Place of Busine	955	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKIN	IĞ CHANGE!	, S	
City & State			City & State		4. FEI Nun	4. FEI Number 65-0536889 Applied For Not Applicable			
Zip Country			Zip	Country		5. Certificate of Status Desired S5.00 Additional Fee Required			
· .	6. Name	and Address of Current	Registered Agent	1					
PEA	ARCE, LAWRI		rregiototo 2 Agent	Name	7. Name and Address of New Registered Agent Name				
372	LENELL RD.			Street Addres	ss (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
				City		F	Zip Cod	de	
8. The above the obligat	named entity	submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or b	ooth, in the State of Florida. I an		, and accept	
SIGNATURE							1-17-63	3	
	Signature, typed bi	printed name of registered agent	and title it applicable. (NOTI	E: Registered Agent signature requ	ilred when reinstating)	DATE			
			FILE NO	OW!!! FEE IS \$50.00	n				
				e to Florida Departm					
					ient of State	•	-		
			Due	By May 1, 2003					
9.		MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/CHANGE	<u></u>		
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NAME	PEARCE, I	AWRENCE L	. — 27.00	NAME			Onlange	Addition	
STREET ADDRESS	372 LENEL	.L RD.		STREET ADDRESS					
CITY-ST-ZIP	FORT MYE	RS BEACH FL 33931		CITY-ST-ZIP					
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	ortifu that the	oformation propoliced with	this filling days 177 f				· · · · · ·		
😘 i nereby c	erary that the in	normation supplied with	this tiling does not qualify for	the exemption stated in 9	Section 110 07/2	Vi) Florida Statutes Liurther co	المساه عسماء الكاعم		

Indicated on this report is true and accurate and that misling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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: SIGNATURE AND TYPED OR PRINTED NAME OF

2.17-03