


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90063 042 ***138.75

DOCUMENT # L02000015256 1. Entity Name WOLF CREEK ESTATES, LLC					
Principal Place of Business 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105			Mailing Address 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box # 3785 Airport Rd N		3. Mailing Address 3785 Airport Rd N			
Suite, Apt. #, etc. Suite B-1		Suite, Apt. #, etc. Suite B-1			
City & State Naples Florida		City & State Naples Florida			
Zip 34105		Country USA		Zip 34105	
Country USA		4. FEI Number 22-3877864			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOOVER, WILLIAM L 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Hoover, William L Street Address (P.O. Box Number is Not Acceptable) 3785 Airport Rd N. Suite B-1 City Naples FL Zip Code 34105		
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 <u><i>William L Hoover</i></u> DATE <u>4-24-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete NAME HOOVER PLANNING & DEVELOPMENT INC. STREET ADDRESS 3775 AIRPORT RD NORTH SUITE B CITY-ST-ZIP NAPLES, FL 34105			TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Hoover Planning & Development Inc STREET ADDRESS 3785 Airport Rd N. Suite B-1 CITY-ST-ZIP Naples Florida 34105		
TITLE MGR <input type="checkbox"/> Delete NAME CATALINA LAND GROUP, INC. STREET ADDRESS 3775 AIRPORT RD NORTH SUITE B CITY-ST-ZIP NAPLES, FL 34105			TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Catalina Land Group, Inc STREET ADDRESS 3785 Airport Rd N. Suite B-1 CITY-ST-ZIP Naples, Florida 34105		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>William L Hoover</i></u> 4-24-08 403-8899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					