

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90290 049 ****50.00

DOCUMENT # L02000033441

1. Entity Name
CHESTNUT RIDGE, LLC



Principal Place of Business
**3785 AIRPORT ROAD NORTH
SUITE B-1
NAPLES, FL 34105**

Mailing Address
**3785 AIRPORT ROAD NORTH
SUITE B-1
NAPLES, FL 34105**

DO NOT WRITE IN THIS SPACE



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2325134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOOVER, WILLIAM L
3785 AIRPORT ROAD NORTH
SUITE B-1
NAPLES, FL 34105**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOOVER, WILLIAM L
STREET ADDRESS	3785 AIRPORT RD N B1
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGR
NAME	CATALINA LAND GROUP, INC.
STREET ADDRESS	3785 AIRPORT ROAD NORTH SUITE B-1
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

Pres. of Catalina Land Group, Inc., its Manager
SIGNATURE: *William L. Hoover* **1-20-06 239-403-8899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #