2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L02000033441 04-30-2007 90053 037 ****50.00 1. Entity Name CHESTNUT RIDGE, LLC Principal Place of Business Mailing Address 60043838 3785 AIRPORT ROAD NORTH 3785 AIRPORT ROAD NORTH SUITE B-1 SUITE B-1 NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business - No P.O. Box # 3775 Airport Rd N 3. Mailing Address 3775 Airport Rd. N. Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-LLC CR2E083 (12/06) s/e "B" Ste City & State City & State 4. FEI Number Applied For Florida Naples Naples 56-2325134 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 34105 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOOVER, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 3775 Airport Road No 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105 City Naples Zip Code 3 4 10S 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. William LHOOLAY, Mor 4-10-07 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE Change TITLE ☐ Addition Detete HOOVER, WILLIAM L NAME NAME 3775 Airport Rd. N. Ste. . B" STREET ADDRESS 3785 AIRPORT RD N B1 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-7/P MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE CATALINA LAND GROUP, INC. NAME NAME 3775 Airport Rd N. Ste. B STREET ADDRESS 3785 AIRPORT ROAD NORTH SUITE B-1 STREET ADDRESS Haples F1. 34105 CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED