2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L03000026754 1. Entity Name CATALINA PLAZA, LLC				04-30-2007 90053 038 ****50.00			
Principal Place 3785 AIRPOI NAPLES, FL	RT ROAD NORTH, SUITE B-1	Mailing Address 3785 AIRPORT ROAD NORTH, SUITE B-1 NAPLES, FL 34105		60043837			
3775 Suite, Apt.	face of Business - No P.O. Box # Hirport Ted U #, etc.	3. Mailing Address 3775 Hirport Rd N Suite, Apt. #, etc.		7	Chg-LLC	CR2E083 (12/06)	
City & State	les Fl	City & State Naples	FI	4. FEI Number 11-370803		Ар	plied For t
Zip 341	6. Name and Address of Current F	Zip 4105	Country	5. Certificate of S 7. Name and Add		□ \$5.00 Add Fee Required	
	U. Name and Address of Current P	redizing Adeur	Name 1	7. Name and Ad-		gistered Agent	
HOOVER, WILLIAM L 3785 AIRPORT ROAD SUITE B-1 NAPLES, FL 34105			Street Address	Hoover William Address (P. O. Box Number is Not Accoptable) Thir port			
	•		City N.	n L c		FL Zip Code	アントヤ
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 pegistered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with reinstating) DATE							
Filing Fee is \$50.00 Due by May 1, 2007						check payable to Department of State	
9.	MANAGING MEMBER	RS/MANAGERS	10.	-	ADDITIONS/C	HANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, WILLIAM 3785 AIRPORT RD N #B NAPLES, FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OR houser h	Jillian Nort R	d N. Ste	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALINA LAND GROUP, INC. 3785 AIRPORT ROAD NORTH SI NAPLES, FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR Litalina 1775 Air	Lang	Change	Addition Inc Ste B
TITLE			1/10			<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	97163		☐ Change	Addition
NAME Street Address		□ Delete □ Delete	NAME STREET ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				

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: Man Typed or Printed name of Signing Managing Member, Manager, or authorized representative Date Daystre Phone #