

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

03-22-2006 90290 040 \*\*\*\*50.00

**DOCUMENT # L03000053025**

1. Entity Name  
**BUCKSTONE ESTATES, 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**

**20019011**



01162006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2132234</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HOOVER, WILLIAM L  
3785 AIRPORT RD N STE B-1  
NAPLES, FL 34105**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CATALINA LAND GROUP, INC 3785 AIRPORT RD N. B-1 NAPLES, FL 34105</b>
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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: *Wm L Hoover, William L Hoover, A* 1-17-06 239-403-8899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #