## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

04-30-2007 90053 039 \*\*\*\*50.00

DOCUMENT #	41	03000053025
1	. L	.ひひひひひひひひひとひ



1. Entity Name **BUCKSTONE ESTATES, LLC** ママエひひひわ Principal Place of Business Mailing Address 3785 AIRPORT ROAD NORTH, SUITE B-1 3785 AIRPORT ROAD NORTH, SUITE B-1 NAPLES, FL 34105 NAPLES, FL 34105 3. Mailing Address 2. Principal Place of Business - No. P.O. Box # Hirport Kd 3775 3775 Hir Suite, Apt. #, etc 04092007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For 54-2132234 Not Applicable Country S / Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William HOOVER, WILLIAM L Street Address (P. a. Box Number is Not Aeceptable) 3785 AIRPORT RD N STE B-1 NAPLES, FL 34105 ے احد 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 L. HOOVEY MEYIN

(NOTE: Registered Agent signature required with Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change MGRM TITLE Delete TITLE Addition roup, Inc CATALINA LAND GROUP, INC atalina NAME NAME STREET ADDRESS 3785 AIRPORT RD N. B-1 STREET ADDRESS 3775 Airpur CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP Florida Naoks TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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.

JRE: 100 JAN J. 100 JAN W. 11 JAN L. HO OVE TOWN 4-27-07 239-403-8899
SIGNATURE AND TYPED OR PRINTED MARE OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytome Proce #