
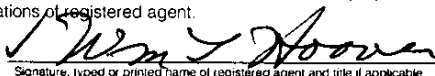
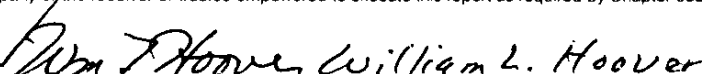


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90062 037 ***138.75

DOCUMENT # L03000053025 1. Entity Name BUCKSTONE ESTATES, LLC					
Principal Place of Business 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105			Mailing Address 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box # 3785 Airport Rd N Suite, Apt. #, etc. SKE B-1		3. Mailing Address 3785 Airport Rd N Suite, Apt. #, etc. SKE B-1			
City & State Naples Florida Zip 34105		City & State Naples Florida Zip 34105		4. FEI Number 54-2132234	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOVER, WILLIAM L 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Hoover William L Street Address (P.O. Box Number is Not Acceptable) 3785 Airport Rd N SKE B-1 City Naples		
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.			DATE 4-24-08		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATALINA LAND GROUP, INC 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Catalina Land Group, Inc 3785 Airport Rd N. SKE B-1 Naples Florida 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 4-24-08		
			DAYTIME PHONE # 403-8899		