

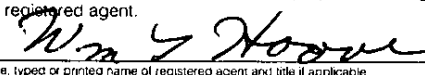
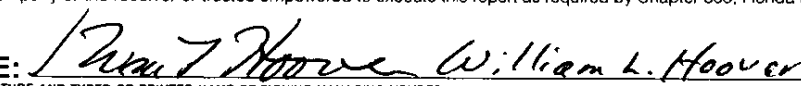


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90039 022 \*\*\*138.75

<b>DOCUMENT # L04000045686</b>						
<b>1. Entity Name</b> EASTERN ESTATES, LLC						
<b>Principal Place of Business</b> 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105			<b>Mailing Address</b> 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105			
<b>2. Principal Place of Business - No P.O. Box #</b> 3785 Airport Rd N Suite, Apt. #, etc. SKE B-1		<b>3. Mailing Address</b> 3785 Airport Rd N Suite, Apt. #, etc. SKE B-1		<b>60029855</b> 		
<b>City &amp; State</b> Naples Florida		<b>City &amp; State</b> Naples Florida		<b>4. FEI Number</b> 02-0725716		
<b>Zip</b> 34105		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> HOOVER, WILLIAM 3775 AIRPORT RD NORTH SUITE B NAPLES, FL 34105				<b>7. Name and Address of New Registered Agent</b> Name: Hoover, William L Street Address (P.O. Box Number is Not Acceptable): 3785 Airport Rd N Suite, Apt. #, etc.: SKE B-1 City: Naples FL Zip Code: 34105		
<b>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.</b>						
SIGNATURE: 				DATE: 4-24-08		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGR NAME: CATALINA LAND GROUP, INC. STREET ADDRESS: 3775 AIRPORT RD NORTH SUITE B CITY-ST-ZIP: NAPLES, FL 34105	<input type="checkbox"/> Delete			TITLE: MGR NAME: Catalina Land Group, Inc STREET ADDRESS: 3785 Airport Rd N, SKE B-1 CITY-ST-ZIP: 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	
<b>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.</b>						
SIGNATURE: 				DATE: 4-24-08 403-8899		
Signature and typed or printed name of signing managing member, manager, or authorized representative				Date Daytime Phone #		