

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-30-2007 90053 036 \*\*\*\*50.00

**DOCUMENT # L05000001190**

1. Entity Name  
**DURANGO LAND CO., 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**

**60043839**

2. Principal Place of Business - No P.O. Box #  
**3775 Airport Rd N**

3. Mailing Address  
**3775 Airport Rd N**

Suite, Apt. #, etc.  
**Ste B**

City & State  
**Naples FL**

City & State  
**Naples FL**

Zip  
**34105**

Country  
**USA**



04092007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**WILLIAM, HOOVER  
 3785 AIRPORT ROAD NORTH  
 SUITE B-1  
 NAPLES, FL 34105**

4. FEI Number  
**35-2245748**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**Hoover William L**

Street Address (P.O. Box Number is Not Acceptable)  
**3775 Airport Rd N**

Suite, Apt. #, etc.  
**Ste B**

City  
**Naples**

State  
**FL**

Zip Code  
**34105**

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 *William L Hoover* **William L. Hoover, Mgr.** **4-27-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATALINA LAND GROUP, INC.		NAME Catalina Land Group, Inc	
STREET ADDRESS 3785 AIRPORT ROAD NORTH, SUITE B-1		STREET ADDRESS 3775 Airport Rd N, Ste B	
CITY-ST-ZIP NAPLES, FL 34105		CITY-ST-ZIP Naples FL 34105	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *William L Hoover* **William L. Hoover, Mgr.** **4-27-07** **239-403-8899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #