


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

|  |   |
|--|---|
| <b>DOCUMENT # L05000001190</b>                 |  |
| 1. Entity Name<br><b>DURANGO LAND CO., LLC</b> |   |

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| Principal Place of Business<br><b>3785 AIRPORT ROAD NORTH<br/>SUITE B-1<br/>NAPLES, FL 34105</b> | Mailing Address<br><b>3785 AIRPORT ROAD NORTH<br/>SUITE B-1<br/>NAPLES, FL 34105</b> |
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**60043839**

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| 2. Principal Place of Business - No P.O. Box #<br><b>3775 Airport Rd N</b> | 3. Mailing Address<br><b>3775 Airport Rd N</b> |
| Suite, Apt. #, etc.<br><b>Suite B</b>                                      | Suite, Apt. #, etc.<br><b>Suite B</b>          |



04092007 Chg-LLC CR2E083 (12/06)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>Naples FL</b> | City & State<br><b>Naples FL</b> |
| Zip<br><b>34105</b>              | Zip<br><b>34105</b>              |
| Country<br><b>USA</b>            | Country<br><b>USA</b>            |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>35-2245748</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>WILLIAM, HOOVER<br/>3785 AIRPORT ROAD NORTH<br/>SUITE B-1<br/>NAPLES, FL 34105</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name<br><b>Hoover William L</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3775 Airport Rd N</b><br>Suite, Apt. #, etc.<br><b>Suite B</b><br>City<br><b>Naples</b> FL Zip Code<br><b>34105</b> |  |
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| 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<br><i>William L Hoover</i><br>Signature, typed or printed name of registered agent and title if applicable.   | DATE<br><b>4-27-07</b><br>(NOTE: Registered Agent signature required when reinstating) |

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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CATALINA LAND GROUP, INC.<br>3785 AIRPORT ROAD NORTH, SUITE B-1<br>NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Catalina Land Group, Inc<br>3775 Airport Rd N. Suite B<br>Naples FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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.

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|---|------------------------------|---|
| SIGNATURE: <i>William L Hoover</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | DATE: <b>4-27-07</b><br>Date | DAYTIME PHONE: <b>239-403-8899</b><br>Daytime Phone # |
|---|------------------------------|---|