

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90039 021 ***138.75

DOCUMENT # L05000001190

1. Entity Name
DURANGO LAND CO., LLC



Principal Place of Business
**3775 AIRPORT RD N STE B
NAPLES, FL 34105**

Mailing Address
**3775 AIRPORT RD N STE B
NAPLES, FL 34105**

60029856



2. Principal Place of Business - No P.O. Box #
3785 Airport Rd N

Suite, Apt. #, etc.
Ske B-1

City & State
Naples Florida

Zip
34105

Country
USA

3. Mailing Address
3785 Airport Rd N

Suite, Apt. #, etc.
Ske B-1

City & State
Naples Florida

Zip
34105

Country
USA

01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
35-2245748

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAM, HOOVER
3775 AIRPORT RD N STE 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.

Suite, Apt. #, etc.
Ske B-1

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* (NOTE: Registered Agent signature required when reinstating)

DATE **4-24-08**

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 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 3775 AIRPORT RD N STE B		STREET ADDRESS 3785 Airport Rd N. Ske B-1	
CITY-ST-ZIP NAPLES, FL 34105		CITY-ST-ZIP Naples Florida 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	
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** **4-24-08** **403-8899**

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