


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90053 033 \*\*\*\*50.00

<b>DOCUMENT # L05000024405</b>	
1. Entity Name <b>SPLIT RAIL HOMES, LLC</b>	

Principal Place of Business <b>3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105 US</b>	Mailing Address <b>3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3775 Airport Rd N</b>	3. Mailing Address <b>3775 Airport Rd N</b>
Suite, Apt. #, etc. <b>Suite B</b>	Suite, Apt. #, etc. <b>Suite B</b>
City & State <b>Naples FL</b>	City & State <b>Naples FL</b>
Zip <b>34105</b>	Zip <b>34105</b>
Country <b>USA</b>	Country <b>USA</b>



04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>38-3717554</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HOOVER, WILLIAM L 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105</b>	7. Name and Address of New Registered Agent Name <b>Hoover William L</b> Street Address (P.O. Box Number is Not Acceptable) <b>3775 Airport Road N</b> <b>Suite B</b> City <b>Naples</b> FL Zip Code <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 *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 renewing) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALINA LAND GROUP, INC. 3785 AIRPORT ROAD NORTH, SUITE B-1 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Catalina Land Group, Inc 3775 Airport Rd. N Suite B Naples FL 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
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

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, Mgr.* **4-27-07 239-403-8899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #