FILED Mar 31, 2006 8:00 am Secretary of State 03-22-2006 90290 048 ****50.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060698 1. Entity Name BUCKS RUN RESERVE, LLC							.a.n. 2 0 0 7	30.00
Principal Place of Business Mailing Address 3785 AIRPORT ROAD NORTH 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105 US NAPLES, FL 34105 US					30003887			
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Api. #, etc.			01162006	Chg-LLC	CR2E083 (11/05)
City & State		City & State			4 FEI Numb	20868		Applied For Not Applicable
Zip	Country	Zip Cour		try		of Status Desired	S5.00 A	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HOOVER, WILLIAM L					DO S. M. Thurk Market Market			
3785 AIRPORT ROAD NORTH SUITE B-1				Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, I	FL 34105			City			FL Zip Co	de
	named entity submits this statement for	the purpose of changing its	registere	ed office or register	red agent, or bo	oth, in the State of Fic		n, and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of regulated agent and tale if applicable (NOTE: Regulated Agent injmiture / required when remotating) OATE								
Filing Fee is \$50.00 Due by May 1, 2006							e check payable to Department of Sta	to
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TIFLE	MGR CATALINA LAND GROUP, INC.	☐ Delete	TITLE	1			Change	Addalon
STREET ADDRESS CITY-SI-ZIP	3785 AIRPORT ROAD NORTH, SUITE B-1 " s			ET ADDRESS S1-ZIP				
TITLE		☐ Delete	TITLE	. 1			☐ Change	Addition
STREET ADDRESS			* NAME STREET	ET ADDRESS				
CITY-ST-ZIP				\$1.7P				
TITLE NAME		☐ Delete	HAME	6 2			☐ Change	☐ Add≥ion
STREET ADDRESS				FT ADDRESS -S1-ZIP				
ITTLE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME STREET	ET ADORESS				
CITY-ST-ZIP	<u> </u>			ST-ZIP				
TITLE NAME		☐ Delete	TITLE	I		•	Change	Addition
STREET ADOPESS	·		STREE	ET ADORESS				
CITY-ST-ZIP		☐ Delete	CITY	ST-ZIP		<u>-</u>	[1] Change	Addition
NAME		ELI DERIG	NAME	1			C) orange	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				ļ
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 cath; that I am a managing member or manager of the								
SIGNATURE: Way Thoras William L. Hoover, 1 1-17-06 239-403-8879								
SIGNATURE: 1/20001, William L. Hoover, 1 1-17-06 239-403-8879								