


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90053 040 ****50.00

DOCUMENT # L05000060698 1. Entity Name BUCKS RUN RESERVE, LLC					
Principal Place of Business 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105 US			Mailing Address 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105 US		
2. Principal Place of Business - No P.O. Box # 3775 Airport Rd. N.		3. Mailing Address 3775 Airport Rd. N.			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B			
City & State Naples FL		City & State Naples FL			
Zip 34105		Country USA		4. FEI Number 43-2086866	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOOVER, WILLIAM L 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Hoover, William Street Address (P.O. Box Number is Not Acceptable) 3775 Airport Rd N. Suite B City Naples 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 <u><i>William L Hoover</i></u> William L Hoover Mgr 4-27-07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
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. Ste B Naples Florida 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: <u><i>William L Hoover</i></u> William L Hoover Mgr 4-27-07 403-8829 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					