


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90063 046 ***138.75

DOCUMENT # L05000060698	
1. Entity Name BUCKS RUN RESERVE, LLC	

Principal Place of Business 3775 AIRPORT RD N STE B NAPLES, FL 34105 US	Mailing Address 3775 AIRPORT RD N STE B NAPLES, FL 34105 US
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60031055

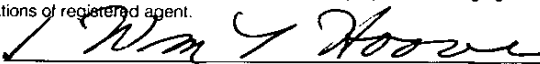


2. Principal Place of Business - No P.O. Box # 3785 Airport Rd N Suite, Apt. #, etc. Ste B-1	3. Mailing Address 3785 Airport Rd N Suite, Apt. #, etc. Ste B-1
City & State Naples Florida	City & State Naples Florida
Zip 34105	Zip 34105
Country USA	Country USA

01102008 Chg-LLC CR2E083 (12/06)

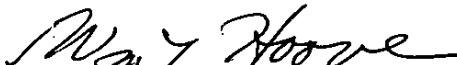
4. FEI Number 43-2086866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOOVER, WILLIAM L 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 Ste B-1 City Naples FL Zip Code 34105
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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 	DATE 4-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALINA LAND GROUP, INC. 3775 AIRPORT RD N STE B NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Catalina Land Group, Inc. 3785 Airport Rd N. Ste B-1 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	VD Hoover, Charles S 3785 Airport Rd N. Ste B-1 Naples, Florida 34105 <input type="checkbox"/> Change <input checked="" 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	DATE 4-24-08 403-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	