



DOCUMENT # L05000085764						03-22-2006 90290 044 ****50.00																									
1. Entity Name TIPPECANOE LANDINGS, 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			00010001																									
2. Principal Place of Business			3. Mailing Address																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01162006 Chg-LLC CR2E083 (11/05)																									
City & State			City & State			4. FEI Number 59-3817855																									
Zip		Country	Zip		Country	Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/>			Additional Fee Required \$5.00																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																											
HOOVER, WILLIAM L 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105				Name																											
				Street Address (P.O. Box Number is Not Acceptable)																											
				City		FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																															
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES																											
<table border="1"><tr><td>TITLE</td><td>MGR</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>CATALINA LAND GROUP, INC.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3785 AIRPORT ROAD NORTH, SUITE B-1</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NAPLES, FL 34105</td><td></td></tr></table>				TITLE	MGR	<input type="checkbox"/> Delete	NAME	CATALINA LAND GROUP, INC.		STREET ADDRESS	3785 AIRPORT ROAD NORTH, SUITE B-1		CITY-ST-ZIP	NAPLES, FL 34105		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete																													
NAME	CATALINA LAND GROUP, INC.																														
STREET ADDRESS	3785 AIRPORT ROAD NORTH, SUITE B-1																														
CITY-ST-ZIP	NAPLES, FL 34105																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
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: <i>Pres. of Catalina Land Group, Inc., its Manager</i> <i>William L. Hoover</i> 1-17-06 239-403-8899																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																															