2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000085 1. Entity Name TIPPECANOE LANDINGS, LLC			04-30-200	7 90053 032 ****	50.00		
		DRTH US		60043843			
2. Principal Place of Business - No P.O. Box # 3775 Hi Pov + Rd U Suite, Apt. #, etc. 576 B	3. Mailing Address 3775 Air Suite, Apt. #, etc.	port Rd N	04092007	Chg-LLC	CR2E083 (12/06)		
City & State Na Ses F1	City & State Naples	FI	4. FEI Numb 59-38			plied For at Applicable	
34105 Country	34105	Country		e of Status Desired	S5.00 Add Fee Require	litional	
6. Name and Address of Current I	Registered Agent	Name.	7. Name an	d Address of New F	Registered Agent		
HOOVER, WILLIAM L 3785 AIRPORT ROAD NORTH	Street Address (Prof. Box Number is Not Acceptable)						
SUITE B-1 NAPLES, FL 34105	5 / 1 / S	141cpor	+ 121				
		City Nag	oles		FL Zip Cod	كمايا	
The above named entity submits this statement for the obligations of registered agent	the purpose of changing its re	egistered office or regist	ered agent, or bo	oth, in the State of Flo			
SIGNATURE Signature, typed or printed name of registered agent a		L. Hop very / Registered Agent signature requir			4-27-07	<u> </u>	
Filing Fee is \$50.00 Due by May 1, 2007					te check payable to a Department of State	Đ	
9. MANAGING MEMBEI		10.	40	ADDITIONS			
MGR CATALINA LAND GROUP, INC. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	talina 75 Air	port Ro	Group, ±1 1 N. Ske 1 34105	Addition A B	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
THILE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition .	
TITLE	☐ Delete	TITLE NAME			☐ Change	Addition	

imulcated 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: Min Tytome, William L. Ho over 4-27-07 239-403-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Dayline Proce #