


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90039 025 \*\*\*138.75

DOCUMENT # L05000085764					
<b>1. Entity Name</b> TIPPECANOE LANDINGS, LLC					
<b>Principal Place of Business</b> 3775 AIRPORT RD N STE B NAPLES, FL 34105 US			<b>Mailing Address</b> 3775 AIRPORT RD N STE B NAPLES, FL 34105 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3785 Airport Rd N		<b>3. Mailing Address</b> 3785 Airport Rd N			
Suite, Apt. #, etc. Ste B-1		Suite, Apt. #, etc. Ste B-1			
<b>City &amp; State</b> Naples Florida		<b>City &amp; State</b> Naples Florida		<b>4. FEI Number</b> 59-3817855	
Zip 34105		Country USA		Zip 34105	
Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  HOOVER, WILLIAM L 3775 AIRPORT RD N STE B NAPLES, FL 34105			<b>7. Name and Address of New Registered Agent</b> Name <u>Hoover, William L</u> Street Address (P.O. Box Number is Not Acceptable) <u>3785 Airport Rd N</u> <u>Ste B-1</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34105</u>		
<b>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.</b> SIGNATURE <u>William L Hoover</u> DATE <u>4-24-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALINA LAND GROUP, INC. 3775 AIRPORT RD N STE B NAPLES, FL 34105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Catalina Land Group, Inc 3785 Airport Rd N Ste B-1 Naples Florida 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
<b>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.</b>					
SIGNATURE: <u>William L Hoover</u>			DATE: <u>4-24-08</u> DAYTIME PHONE: <u>403-8899</u>		