

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90053 031 \*\*\*\*50.00

60043844



04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 33-1127720 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000113673

1. Entity Name  
TIPPECANOE LANDINGS II, 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.  
Ske B

Suite, Apt. #, etc.  
Ske B

City & State  
Naples FL

City & State  
Naples FL

Zip  
34105

Country  
USA

Zip  
34105

Country  
USA

## 6. Name and Address of Current Registered Agent

HOOVER, WILLIAM L  
3785 AIRPORT ROAD NORTH  
SUITE 300  
NAPLES, FL 34105

## 7. Name and Address of New Registered Agent

Name Hoover, William L  
Street Address (P.O. Box Number is Not Acceptable)  
3775 Airport Rd N  
Ske 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 William L. Hoover, Mgr. 4-27-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CATALINA LAND GROUP, INC. ☐ Delete  
STREET ADDRESS 3785 AIRPORT ROAD NORTH, SUITE B-1  
CITY-ST-ZIP NAPLES, FL 34105

## 10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Catalina Land Group Inc  
STREET ADDRESS 3775 Airport Rd. N. Ske B  
CITY-ST-ZIP Naples FL 34105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: William L. Hoover, Mgr. 4-27-07 239-403-8899  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #