

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90063 043 ***138.75

DOCUMENT # L05000113673

1. Entity Name
TIPPECANOE LANDINGS II, LLC



Principal Place of Business
3775 AIRPORT ROAD NORTH
SUITE B
NAPLES, FL 34105 US

Mailing Address
3775 AIRPORT ROAD NORTH
SUITE B
NAPLES, FL 34105 US

60031058



2. Principal Place of Business - No P.O. Box #

3785 Airport Rd N

3. Mailing Address

3785 Airport Rd N

Suite, Apt. #, etc.

Suite B-1

Suite, Apt. #, etc.

Suite B-1

City & State

Naples

Florida

City & State

Naples

Florida

Zip

34105

Country

USA

Zip

34105

Country

USA

01102008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

33-1127720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOVER, WILLIAM L
3775 AIRPORT ROAD NORTH
SUITE 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

Suite B-1

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-24-08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CATALINA LAND GROUP, INC.
STREET ADDRESS 3775 AIRPORT RD. N. STE B
CITY-ST-ZIP NAPLES, FL 34105 ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Catalina Land Group, Inc.
STREET ADDRESS 3785 Airport Rd N. Suite B-1
CITY-ST-ZIP Naples, Florida 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

239-

403-8899