

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90053 030 ****50.00

DOCUMENT # L06000067393					
1. Entity Name TIPPECANOE LANDINGS III, 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 Suite, Apt. #, etc. Ste B		3. Mailing Address 3775 Airport Rd N Suite, Apt. #, etc. Ste B		60043845 	
City & State Naples Florida		City & State Naples Florida		4. FEI Number 51-0591153	
Zip 34105		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOVER, WILLIAM L 3785 AIRPORT ROAD NORTH SUITE B-1 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 Road N Suite, Apt. #, etc.: Ste 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: <u>William L. Hoover, Mgr.</u> DATE: <u>4-27-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME CATALINA LAND GROUP, INC. STREET ADDRESS 3785 AIRPORT ROAD NORTH, SUITE B-1 CITY-ST-ZIP NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE MGR NAME Catalina Land Group, Inc STREET ADDRESS 3775 Airport Rd. N. Ste B CITY-ST-ZIP Naples Florida 34105	<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	
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	
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: <u>William L. Hoover, Mgr.</u> 4-27-07 239-403-8899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					