

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90063 047 \*\*\*138.75

**DOCUMENT # L06000067393**

1. Entity Name  
TIPPECANOE LANDINGS III, LLC



Principal Place of Business  
3775 AIRPORT RD N STE B  
NAPLES, FL 34105 US

Mailing Address  
3775 AIRPORT RD N STE B  
NAPLES, FL 34105 US

**60031054**



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

01102008 Chg-LLC CR2E083 (12/06)

City & State

Naples Florida

City & State

Naples Florida

4. FEI Number  
51-0591153

Applied For  
Not Applicable

Zip

34105

Country

USA

Zip

34105

Country

USA

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

6. Name and Address of Current Registered Agent

HOOVER, WILLIAM L  
3775 AIRPORT RD N STE 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*

4-24-08

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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* William L. Hoover 4-24-08

239-

403-8899

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

Date

Daytime Phone #