

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022307

FILED
Apr 22, 2004
Secretary of State

Entity Name: BACATA CALLE 10, LLC

Current Principal Place of Business:

C/O JONATHAN S. LEDERMAN
8 IDA RD
MARBLEHEAD, MA 01945

New Principal Place of Business:

Current Mailing Address:

C/O JONATHAN S. LEDERMAN
8 IDA RD
MARBLEHEAD, MA 01945

New Mailing Address:

FEI Number: 68-0499139 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEDERMAN, JONATHAN S
Address: 8 IDA RD
City-St-Zip: MARBLEHEAD, MA 01945

Title: MGRM () Delete
Name: PERELIS, CELIZ
Address: 5 TUPELO ROAD
City-St-Zip: SWAMPSCOTT, MA 01907

Title: MGRM () Delete
Name: LEDERMAN, MAX W
Address: 21131 HIGHLAND LAKES BLVD
City-St-Zip: MIAMI, FL 331791667

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PERELIS, CELIA
Address: 5 TUPELO ROAD
City-St-Zip: SWAMPSCOTT, MA 01907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN S. LEDERMAN

MGRM

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date