


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022307 1. Entity Name BACATA CALLE 10, LLC	
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Principal Place of Business C/O JONATHAN S. LEDERMAN 8 IDA RD MARBLEHEAD, MA 01945	Mailing Address C/O JONATHAN S. LEDERMAN 8 IDA RD MARBLEHEAD, MA 01945
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01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
68-0499139 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEDERMAN, JONATHAN S 8 IDA RD MARBLEHEAD, MA 01945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERELIS, CELIA 5 TUPELO ROAD SWAMPSCOTT, MA 01907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEDERMAN, MAX W 21131 HIGHLAND LAKES BLVD MIAMI, FL 331791667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

110000207043
02/01/05-80028-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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* Jonathan S. Lederman 1-26-2005 78163136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #