


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**


05-03-2004 90128 039 \*\*\*\*50.00

<b>DOCUMENT # L01000022410</b> 1. Entity Name <b>CATLAND, LLC</b>	
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Principal Place of Business <b>9553 HARDING AVE</b> <b>SUITE 308</b> <b>SURFSIDE, FL 33154 US</b>	Mailing Address <b>P O BOX 545867</b> <b>SURFSIDE, FL 33154 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip      Country	City & State  Zip      Country
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04082004	Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BAUMBERGER, HANS</b> <b>9553 HARDING AVE</b> <b>SUITE 308</b> <b>SURFSIDE, FL 33154</b>	7. Name and Address of New Registered Agent -Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 registering)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"><b>MGR</b></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2"><b>ALTIRRIBA, ROSA</b></td> </tr> <tr> <td colspan="2"><b>P O BOX 545867</b></td> </tr> <tr> <td colspan="2"><b>SURFSIDE, FL 33154</b></td> </tr> </table>	<b>MGR</b>	<input type="checkbox"/> Delete	<b>ALTIRRIBA, ROSA</b>		<b>P O BOX 545867</b>		<b>SURFSIDE, FL 33154</b>	
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10. ADDITIONS/CHANGES							
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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.

<b>SIGNATURE:</b> 	Date: <b>4/26/04</b>	Daytime Phone #: <b>305 8678970</b>
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