2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # L01000022410** 1. Entity Name CATLAND, LLC __ rincipal Place of Business _ ... Mailing Address 9553 HARDING AVE P 0 B0X 545867 SUITE 308 SURFSIDE, FL 33154 US SURFSIDE, FL 33154 US - an and statement the same of the CR2E083 (10/03) 04292005 No Chg-LLC TO WELL THE DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BAUMBERGER, HANS 9553 HARDING AVE **SUITE 308 SIN THIS SPACE** SURFSIDE, FL 33154 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when rainstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME ALTIRRIBA, ROSA STREET ADDRESS P O BOX 545867 SURFSIDE, FL 33154 CITY-ST-ZIP TITI F BAUMBERGER, HANS NAME STREET ADDRESS P O BOX 545867 SURFSIDE, FL 33154 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 eath, that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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