


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020134
1. Entity Name
CATFISH CAMP 255, LLC



Principal Place of Business
10276 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

Mailing Address
10276 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
75-3118524 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQUIRE
675 WEST INDIANTOWN ROAD, SUITE 103
JUPITER, FL 33458

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, TIMOTHY J 10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEATING, JOSEPH M JR. 10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEHRKE, TAB K 10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410
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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 606, Florida Statutes.

SIGNATURE: Timothy Moore **3/7/05** **561-775-5082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #