. 2097 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000020134

1. Entity Name CATFISH CAMP 255, LLC



Principal Place of Business

2070 Prispains Print

10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 Mailing Address

10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 FILED Apr 24, 2007 08:00 AM Secretary of State



04182007No Chg-LLC

CR2E083 (11/05)

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

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

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

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ξ	The above named entity submits t	this statement for the purpose of cha	anging its registered office or registered agent	, or both, in the State of Florida	. I am familiar with, and accept
	the obligations of registered agen	nt.			

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

<u> </u>	
9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MOORE, TIMOTHY J
STREET ADDRESS	10276 RIVERSIDE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	KEATING, JOSEPH M JR.
STREET ADDRESS	10276 RIVERSIDE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	GEHRKE, TAB K
STREET ADDRESS	10276 RIVERSIDE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000728239 05/07/07-80009-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

D NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTA

rolection

561-775-5882

Daytime Phone #