,... 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000020137

1. Entity Name CATFISH CAMP 259, LLC



FILED Apr 24, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-3118528

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

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of char the obligations of registered agent.	eging its registered office or registered agent, or both, in the	State of Fiorida, I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

, , , , , , , , , , , , , , , , , , , ,		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	MOORE, TIMOTHY J	

STREET ADDRESS 10276 RIVERSIDE DRIVE CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 MGR TITLE NAME KEATING, JOSEPH M JR. STREET ADDRESS 10276 RIVERSIDE DRIVE CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE GEHRKE, TAB K NAME STREET ADDRESS 10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

000000728240 05/07/07-80009-010 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYRED OR PRINT

RINTED NAME OF SIGNING MANAGING MEMBER, OR

AUTHORIZED REPRESENTATIVE

ula3107

561-775-5882

Daytime Phone #