2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L0100000345

1. Entity Name KATÁLUMA, L.L.C.

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FILED Mar 10, 2004 08:00 AM Secretary of State

Principal Place of Susiness

114 EAST GREGORY STREET PENSACOLA, FL 32501

Mailing Address

114 EAST GREGORY STREET PENSACOLA, FL 32501



DO NOT WRITE IN THIS SPACE

03072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3704834 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 it applicable

JENKINS, THOMAS R 114 EAST GREGORY STREET PENSACOLA, FL 32501

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5.	. 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. the obligations of registered agent.	I am familiar with, and acce	ρŧ
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SI	GNATURE		_

(NOTE: Registored Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

U00000083794 03/10/04-80053-017 50.00

9.	MANAGING MEMBERS/MANAGERS	process of the second of the s
TITLE	MGRM	The second secon
NAME	JENKINS, THOMAS R	
STREET ADDRESS	2445 TRONJO CIRCLE	A Company of the Comp
CRY-ST-ZIP	PENSACOLA, FL 32503	1
TITLE	MGRM	
NAME	JENKINS, CAROL H	4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	2445 TRONJO CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32503	and the second of the second o
THLE	MGRM	Company of the Compan
NAME	WILLIAMSON, RODNEY C	in the second of
STREET ADDRESS	9519 BARRANGER ROAD	DO NOT WRIT
CITY-ST-ZIP	PENSACOLA, FL 32514	The control of the co
TITLE	MGRM	IN THIS SPAC
NAME	WILLIAMSON, KAREN L	
STREET ADDRESS	9519 BARRANGER ROAD	The second secon
CITY-ST-ZIP	PENSACOLA, FL 32514	A Serva Co
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NAME		
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11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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