

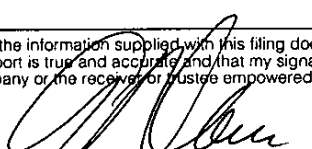


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90018 021 ****50.00

DOCUMENT # L04000086706 1. Entity Name CATALYST REAL ESTATE SOLUTIONS LLC					
Principal Place of Business 1550 JEFFERSON AVENUE SUITE 6 MIAMI, FL 33139			Mailing Address 1550 JEFFERSON AVENUE SUITE 6 MIAMI, FL 33139		
2. Principal Place of Business 450 Alton Rd #2402		3. Mailing Address 450 Alton Road #2402			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05042006 Chg-LLC CR2E083 (11/05)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-1969403	
Zip 33139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, ANASTASIA 150 W. FLAGLER STREET SUITE 2800 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Anastasia Davis Street Address (P.O. Box Number is Not Acceptable) 450 Alton Road #2402 City Miami FL Zip Code 33139			
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 _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, ANASTASIA 150 W. FLAGLER STREET #2800 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5501 Washington Blvd. 450 Alton Road #2402 Arlington, VA 22205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  ANASTASIA DAVIS 5/1/06 202-316-4562					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					