

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086706

FILED
May 01, 2007
Secretary of State

Entity Name: CATALYST REAL ESTATE SOLUTIONS LLC

Current Principal Place of Business:

450 ALTON RD STE 2402
SUITE 6
MIAMI BEACH, FL 33139

New Principal Place of Business:

325 S. BISCAYNE BLVD
UPH-22
MIAMI, FL 33130

Current Mailing Address:

450 ALTON RD STE 2402
SUITE 6
MIAMI BEACH, FL 33139

New Mailing Address:

3900 FAIRFAX DRIVE
1815
ARLINGTON, VA 22203

FEI Number: 20-1969403 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, ANASTASIA
450 ALTON RD STE 2402
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

DAVIS, ANASTASIA
325 S. BISCAYNE BLVD
UPH-22
MIAMI, FL 33130 US

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.

SIGNATURE: ANASTASIA DAVIS

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, ANASTASIA
Address: 5501 WASHINGTON BLVD
City-St-Zip: ARLINGTON, VA 22205 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, ANASTASIA
Address: 3900 FAIRFAX DRIVE APT 1815
City-St-Zip: ARLINGTON, VA 22203 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date