2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
04-14-2003 90904 001 ***100.00

DOCUMENT # L02000030804

1. Entity Name
J & B CATALINA CLUB APARTMENTS, LLC

J5033926

Principal Place of Business	Mailing Address
~~1970 MICHIGAN AVENUE - BLDG C COCOA FL 32922~~	~~1970 MICHIGAN AVENUE - BLDG C COCOA FL 32922~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1090 Loring Drive	c/o Joseph Anisko
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1 Glenview Drive
City & State: Merrit Island Florida	City & State: Watchung NJ
Zip: 32953 Country: USA	Zip: 07060 Country: USA

4. FEI Number 01-0652963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATSON, VICTOR M 1970 MICHIGAN AVENUE - BLDG C COCOA FL 32922	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ANISKO, JOSEPH 1 GLENVIEW DRIVE WATCHUNG NJ 07060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANISKO, EUGENIA 1 GLENVIEW DRIVE WATCHUNG NJ 07060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing 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 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: Joseph Anisko SIGNATURE REQUIRED 2-20-2003 908-753-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #