

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000000345 1. Entity Name KATALUMA, L.L.C.	
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Principal Place of Business 114 EAST GREGORY STREET PENSACOLA, FL 32501	Mailing Address 114 EAST GREGORY STREET PENSACOLA, FL 32501
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03072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

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

U00000083794
03/10/04-80053-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JENKINS, THOMAS R 2445 TRONJO CIRCLE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JENKINS, CAROL H 2445 TRONJO CIRCLE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMSON, RODNEY C 9519 BARRANGER ROAD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMSON, KAREN L 9519 BARRANGER ROAD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

3/7/04

850-434-6223

Date

Daytime Phone