

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000006498**

1. Entity Name

DLH VENTURE CATALAN, LLC



Principal Place of Business

2164 15TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

Mailing Address

2164 15TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3732983**

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

DEPUGH, R V  
2164 15TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

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, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DEPUGH, R V  
2164 15TH CIRCLE NORTH  
ST. PETERSBURG FL 33713 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LESTINI, JOHN R  
1120 CORDOVA BLVD NE  
SAINT PETERSBURG FL 33704 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U000000046889  
02/12/04-80018-019 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
HAGGAR, PAUL  
3637-4 STREET NORTH  
SAINT PETERSBURG FL 33704 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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TITLE  
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CITY - ST - ZIP  
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Paul A. McGee

2/10/04

727-321-1510