


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90032 039 ****50.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L01000022410 1. Entity Name CATLAND, LLC | | | |  | |
| Principal Place of Business 9553 HARDING AVE SUITE 308 SURFSIDE, FL 33154 US | | | Mailing Address P O BOX 545867 SURFSIDE, FL 33154 US | | |
| 2. Principal Place of Business <i>260 Crandon Blvd</i> Suite, Apt. #, etc. <i>8</i> | | 3. Mailing Address <i>P O Box 1373</i> Suite, Apt. #, etc. | | | |
| City & State <i>Key Biscayne Fl</i> | | City & State <i>Key Biscayne Fl</i> | | | |
| Zip <i>33149</i> | | Zip <i>33149</i> | | | |
| 6. Name and Address of Current Registered Agent BAUMBERGER, HANS 9553 HARDING AVE SUITE 308 SURFSIDE, FL 33154 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>260 Crandon Blvd #8</i> City <i>Key Biscayne</i> FL Zip Code <i>33149</i> | | |
| 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 <i>Hans Baumberger</i> DATE <i>4/28/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALTIRIBA, ROSA P O BOX 545867 SURFSIDE, FL 33154 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAUMBERGER, HANS P O BOX 545867 SURFSIDE, FL 33154 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAUMBERGER, HANS P O BOX 545867 SURFSIDE, FL 33154 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAUMBERGER, HANS P O BOX 545867 SURFSIDE, FL 33154 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAUMBERGER, HANS P O BOX 545867 SURFSIDE, FL 33154 | <input type="checkbox"/> Delete | | | |
| 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: <i>Hans Baumberger</i> <i>4/28/06</i> <i>305 8678970</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |

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05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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