2005 LIMITED LIABILITY COMPANY

Apr 21, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L02000002773 1. Entity Name CATCHERS, LC Principal Place of Business _ Mailing Address 5501 MARINA DR 5501 MARINA DR HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 04052005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2993036 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYD MAY, BRENDA DO NOT WRITE 5501 MARINA DR HOLMES BEACH, FL 34217 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. (NOTE Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MAY, MILTON S NAME STREET ADDRESS 5501 MARINA DR 11000000320719 GITY-ST-ZIP HOLMES BEACH, FL 34217 04/21/05-80048-021 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGIN MEMBER, OR AUTHORIZED HEPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

FILED