


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90029 040 \*\*\*\*50.00

<b>DOCUMENT # L02000023564</b>	
1. Entity Name <b>CATALINA HOMES LLC</b>	

Principal Place of Business <b>1851 SANDRA DR. PENSACOLA, FL 32506</b>	Mailing Address <b>1851 SANDRA DR. PENSACOLA, FL 32506</b>
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2. Principal Place of Business - No P.O. Box # <b>2782 Creekwood Dr.</b>	3. Mailing Address <b>2782 Creekwood Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Cantonment, FL</b>	City & State <b>Cantonment, FL</b>
Zip <b>32533</b>	Zip <b>32533</b>
Country <b>Escambia</b>	Country <b>Escambia</b>

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>14-1845623</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HIGGINBOTHAM, WARREN E 1851 SANDRA DR. PENSACOLA, FL 32506</b>	
7. Name and Address of New Registered Agent Name <b>Jerry T. Webb</b> Street Address (P.O. Box Number is Not Acceptable) <b>2782 Creekwood Dr.</b> City <b>Cantonment</b> FL Zip Code <b>32533</b>	

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 <b>Jerry T. Webb</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>04-18-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN CORPORATE INVESTMENT GROUP INC. 1851 SANDRA DR. PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jerry T. Webb 2782 Creekwood Dr. Cantonment, FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Jerry T. Webb</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>04-18-07</b> Daytime Phone # <b>850.572.1400</b>