


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

DOCUMENT # L02000023564

1. Entity Name  
**CATALINA HOMES LLC**



Principal Place of Business      Mailing Address

1851 SANDRA DR.      1851 SANDRA DR.  
 PENSACOLA, FL 32506      PENSACOLA, FL 32506

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

*2782 Creekwood Dr.*      *2782 Creekwood Dr.*


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Cantonment, FL*      *Cantonment, FL*

Zip      Country      Zip      Country

*32533*      *Escambia*      *32533*      *Escambia*



01162007    Chg-LLC      CR2E083 (12/06)

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, WARREN E  
 1851 SANDRA DR.  
 PENSACOLA, FL 32506

4. FEI Number      Applied For

14-1845623      Not Applicable

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

7. Name and Address of New Registered Agent

Name      *Jerry T. Webb*

Street Address (P.O. Box Number is Not Acceptable)

*2782 Creekwood Dr.*

City      State      Zip Code

*Cantonment*      **FL**      *32533*

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      *Jerry T. Webb*      DATE      *04-18-07*

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, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMERICAN CORPORATE INVESTMENT GROUP INC.	NAME	Jerry T. Webb
STREET ADDRESS	1851 SANDRA DR.	STREET ADDRESS	2782 Creekwood Dr.
CITY-ST-ZIP	PENSACOLA, FL 32506	CITY-ST-ZIP	Cantonment, FL 32533
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Jerry T. Webb*      DATE: *04-18-07*      DAYTIME PHONE #: *850.572.1400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #