2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L030000111116

1. Entity Name

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE



FILED Feb 01, 2006 8:00 am Secretary of State 02-01-2006 90019 038 ****50.00

KATAHDI	IN VENTURES LLC							
Principal Place of Business 520 S. MAC DILL AVE., #2130 TAMPA, FL 33609		Mailing Address 520 S. MAC DILL AVE., #2130 TAMPA, FL 33609		~~~~~				
2. Principal P	lace of Business	3. Mailing Address		-				
					i iramen bil deire mil och rastr arti och livar likar izan ette ette in ira			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number Applied For 57-1146831 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
OUTURE AL DUOGELE				Name				
,	I. RUSSELL IC DILL AVE., #2130 I. 33609		Street Addr		s (P.O. Box Number is Not Acceptable)			
I CIVIL C. 1	£ 300 03		1					
				City	FL Zip Code			
	named entity submits this statement fitions of registered agent.	or the purpose of changing it	ts registered	d office or registe	red agent, or bo	th, in the State of F	lorida. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered ager	it and tale if applicable. (NC	OTE Registered	Agent signature require	ed when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006							ke check payable to la Department of Sta	te
9.	MANAGING MEMB	FRS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS	/CHANGES	
TITLE	P	☐ Delete	TITLE			ABBITIONS	Change	Addition
NAME	SHENK, N. RUSSELL	122 001000	NAME					
STREET ADDRESS	520 S. MAC DILL AVE #2130		•	T ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33609		CITY-	ST-ZIP				
TITLE	ĺ	☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP	Ì		STREE	T ADDRESS				
				31-65				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-					
TITLE		□ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS	1		STREE	T 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

N Russell SheNK 813-293-3917

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

☐ Delete

1/27/2006

☐ Change

Change

Addition

☐ Addition