

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020137

Entity Name: CATFISH CAMP 259, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

10276 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10276 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 75-3118528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, TIMOTHY K ESQUIRE
675 WEST INDIANTOWN ROAD, SUITE 103
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, TIMOTHY J
Address: 10276 RIVERSIDE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: KEATING, JOSEPH M JR.
Address: 10276 RIVERSIDE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: GEHRKE, TAB K
Address: 10276 RIVERSIDE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY J MOORE

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date