


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000040149
1. Entity Name
2920 CATALINA, LLC



Principal Place of Business 2665 S. BAYSHORE DRIVE SUITE #609 COCONUT GROVE, FL 33133	Mailing Address 2665 S. BAYSHORE DRIVE SUITE #609 COCONUT GROVE, FL 33133
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DO NOT WRITE IN THIS SPACE

02282005No Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0531520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAHRI, FADI A
2665 S. BAYSHORE DRIVE
SUITE #609
COCONUT GROVE, FL 33133

**DO NOT WRITE
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) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAHRI, FADI A 2665 S. BAYSHORE DRIVE, SUITE #609 COCONUT GROVE, FL 33133
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03/04/05-80009-010 55.00

**DO NOT WRITE
IN THIS SPACE**

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:  **3/1/05** **305-860-8996**

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