

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

#50

APPROVED  
AND  
FILED

05 MAR 14 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02092005 No Chg-LLC

CR2E083 (10/03)

*MRD*

DOCUMENT # L03000050902  
1. Entity Name  
CATALINA HOLDINGS, L.L.C.



Principal Place of Business  
3855 SW 74TH AVE.  
MIAMI, FL 33165

Mailing Address  
4890 S.W. 85TH STREET  
MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-1080819	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

FERNANDEZ, JULIO PA  
2801 PONCE DE LEON BLVD STE 290  
SOUTH MIAMI, FL 33143

**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	MGR SANCHEZ, CHRISTINE 4890 S.W. 85TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, ALVARO 4890 SW 85 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000049356640  
03/29/05--01039--022 \*\*200.00

**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: *Alvaro Sanchez P. Alvaro Sanchez* 3/14/05 305-219-9959

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