
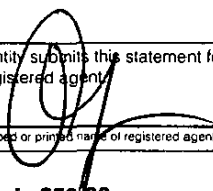
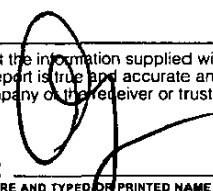


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90042 021 ****55.00

DOCUMENT # L04000052468 1. Entity Name CATALINA HALNAT, LLC					
Principal Place of Business 828 WASHINGTON AVENUE ATTN: ALAN LIEBERMAN MIAMI BEACH, FL 33139			Mailing Address 828 WASHINGTON AVENUE ATTN: ALAN LIEBERMAN MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # 1680 Meridian Ave Suite, Apt. #, etc. Ste. 102 City & State Miami Beach, FL Zip 33139 Country USA			3. Mailing Address 1680 Meridian Ave Suite, Apt. #, etc. Ste. 102 City & State Miami Beach, FL Zip 33139 Country USA		
4. FEI Number 21-0674992			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			04092007 Chg-LLC CR2E083 (12/06)		
6. Name and Address of Current Registered Agent LIEBERMAN, ALAN 828 WASHINGTON AVE MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name ALAN LIEBERMAN Street Address (P.O. Box Number is Not Acceptable) 1680 Meridian Ave #102 City MIAMI BEACH FL Zip 33139		
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LIEBERMAN, ALAN 828 WASHINGTON AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIEBERMAN, ALAN 1680 Meridian Ave #102 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	