


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jun 28, 2005 8:00 am
Secretary of State

05-03-2005 90015 004 ***150.00

DOCUMENT # L05000000050

1. Entity Name
CATHERINES #5069, LLC



Principal Place of Business
**450 WINKS LANE
 BENSLEM, P1 19020**

Mailing Address
**3750 STATE ROAD
 BENSLEM, PA 19020**

30009792



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0297099

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reconstituting) DATE _____

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
	MGRM CATHERINES, INC. 450 WINKS LANE BENSLEM, P1 19020		
	XXXXXXXXXX	V-Pres/Sec John Sullivan 450 Winks Lane Bensalem PA 19020	
		President Diane Paccione 450 Wink Lane Bensalem PA 19020	
		Asst Sec Neal Glueck 450 Winks Lane Bensalem PA 19020	

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:  **John Sullivan** 4-25-05 (215) 633-4883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #