

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000050

Entity Name: CATHERINES #5069, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

450 WINKS LANE
BENSALEM, P1 19020

New Principal Place of Business:

3750 STATE RD
BENSALEM, P1 19020

Current Mailing Address:

3750 STATE ROAD
BENSALEM, PA 19020

New Mailing Address:

3750 STATE ROAD
BSC TAX DEPT
BENSALEM, PA 19020

FEI Number: 51-0297099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CATHERINES, INC.,
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, P1 19020

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CATHERINES, INC.,
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, P1 19020

Title: MGR () Change (X) Addition
Name: SPECTER, ERIC
Address: 3750 STATE RD
City-St-Zip: BENSALEM, PA 19020

Title: MGR () Change (X) Addition
Name: GLUECK, NEAL
Address: 3750 STATE RD
City-St-Zip: BENSALEM, PA 19020

Title: MGR () Change (X) Addition
Name: SULLIVAN, JOHN
Address: 3750 STATE RD
City-St-Zip: BENSALEM, PA 19020

I hereby certify that the information supplied with this filing does not qualify for the 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: NEAL GLUECK

MGR

04/13/2006

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