


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000004025**

1. Entity Name  
**CATALINA FAZZANO, L.L.C.**



Principal Place of Business <b>1745 EAGLE TRACE BLVD. EAST          CORAL SPRINGS, FL 33071</b>	Mailing Address <b>1745 EAGLE TRACE BLVD. EAST          CORAL SPRINGS, FL 33071</b>
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>30-0291783</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIUMENTO, MICHAEL D  
 4 OLD KINGS ROAD NORTH, SUITE B  
 PALM COAST, FL 32137**

**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, 2007**

U00000757198  
 05/23/07-80051-085 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAZZANO, CATALINA 1745 EAGLE TRACE BLVD. EAST CORAL SPRINGS, FL 33071
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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:** Catalina Le Fazzano      4/30/07 (954) 341-0660

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