

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073661

Entity Name: KATIE'S HOLDINGS, L.L.C.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

864 E. PLANTATION CIRCLE
PLANTATION, FL 333241417

New Principal Place of Business:

Current Mailing Address:

864 E. PLANTATION CIRCLE
PLANTATION, FL 333241417

New Mailing Address:

FEI Number: 65-1257662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTHEMEYER, PATRICIA
864 E PLANTATION CIRCLE
PLANTATION, FL 333241417 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: MGRM () Delete
Name: RUTHEMEYER, PATRICIA
Address: 864 E PLANTATION CR
City-St-Zip: PLANTATION, FL 333241417

Title: MGRM () Delete
Name: RUTHEMEYER, ROBERT E
Address: 864 E PLANTATION CR
City-St-Zip: PLANTATION, FL 333241417

Title: MGRM () Delete
Name: RUTHEMEYER, MICHAEL
Address: 1479 N.E. 57TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA RUTHEMEYER

MGRM

04/19/2006

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