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Secretary of State
04-17-2006 90051 034 ****50.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000078506

1. Entity Name
CATHERINEDC CONDO, L.L.C.

30011656

Principal Place of Business	Mailing Address
5400 WATER OAK LANE, #303 JACKSONVILLE, FL 32210	5400 WATER OAK LANE, #303 JACKSONVILLE, FL 32210

03312006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3382184 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORGAN, ROBERT M FORD, BOWLUS, DUSS, MORGAN, KENNEY 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257	Name: Paul M. Crum Street Address (P.O. Box Number is Not Acceptable): 5400 Water Oak Lane #303 City: Jacksonville FL Zip Code: 32210

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when changing)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: ~~Managing Member~~ NAME: ~~Paul M. Crum~~ STREET ADDRESS: ~~5400 Water Oak Ln #303~~ CITY-ST-ZIP: ~~Jacksonville FL 32210~~	☐ Change ☐ Addition
TITLE: ~~Managing Member~~ ☐ Delete NAME: ~~Catherine C. Crum~~ STREET ADDRESS: ~~5400 Water Oak Ln #303~~ CITY-ST-ZIP: ~~Washington D.C. 20009~~	☐ Change ☐ Addition
TITLE: Managing Member ☐ Delete NAME: PAUL M. CRUM STREET ADDRESS: 5400 WATER OAK LANE # 303 CITY-ST-ZIP: JACKSONVILLE FL 32210	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Paul M Crum 4-13-06 9047718277
(SIGNATURE AND TYPED OR PRINTED NAME OF A MGR/MNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)

PAUL M. CRUM.