

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080969

Entity Name: KATRINA PARTNERS, LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

5020 TAMIAMI TRAIL N
STE. # 118
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5020 TAMIAMI TRAIL N
STE. # 118
NAPLES, FL 34103

New Mailing Address:

FEI Number: 68-0613092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARON, SCOTT W
460 LAUNCH CIRCLE
PH #1
NAPLES, FL 34108 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: BORLO, DAVID C
Address: 1240 NORTH PAULINA STREET #3
City-St-Zip: CHICAGO, IL 60622

Title: MGR () Delete
Name: SHARON, SCOTT W
Address: 460 LAUNCH CIRCLE PH#1
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: JOHNSON, SEAN
Address: 2119 NORTH BINGHAM
City-St-Zip: CHICAGO, IL 60647

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: BECKY SHARON

MS

07/05/2006

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