

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000090754**

1. Entity Name  
**KATRINA GULF LLC**



Principal Place of Business      Mailing Address  
**175 WEST CARVER ST. SUITE 200**      **175 WEST CARVER ST. SUITE 200**  
**HUNTINGTON, NY 11743 US**      **HUNTINGTON, NY 11743 US**

**DO NOT WRITE IN THIS SPACE**



01252008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-3477519**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KHANIN, VICTOR**  
**1865 S. OCEAN DRIVE,**  
**SUITE 20M**  
**HOLLANDALE, FL 33009**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**KHANIN, VICTOR**  
**1865 S. OCEAN DRIVE, SUITE 20M**  
**HOLLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**KISSINA, KATERINA**  
**1865 S. OCEAN DRIVE, SUITE 20M**  
**HOLLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**KISSIN, JOSEF**  
**1865 S. OCEAN DRIVE, SUITE 20M**  
**HOLLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**KHANIN, VICTOR**  
**1865 S. OCEAN DRIVE, SUITE 20M**  
**HOLLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

00000000000000000000  
04/03/08-80031-014 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #