

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110554

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: CATALONIA RESORTS LLC

**Current Principal Place of Business:**

6220 S. ORANGE BLOSSOM TRAIL  
165  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6220 S. ORANGE BLOSSOM TRAIL  
165  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 20-3960455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVAREZ, FAUSTO  
2828 CORAL WAY  
300  
CORAL GABLES, FL 33145 US

**Name and Address of New Registered Agent:**

MARTINEZ, ALFONSO  
2828 CORAL WAY  
300  
CORAL GABLES, FL 33145 US

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: ALFONSO MARTINEZ

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M ( ) Delete  
Name: CATALONIA REAL ESTAT, E FLORIDA CORP  
Address: 6220 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: MGR ( ) Delete  
Name: GARCIA, FRANCISCO  
Address: 6220 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

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 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: FRANCISCO GARCIA

MGRM

04/30/2007

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