FILED
Apr 16, 2007 8:00 am
Secretary of State

03-23-2007 90172 020 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000123046

1. Entity Name

CATAN - BJ, LLC

Principal Place of Business	Mailing Address
2147 SW 195 AVENUE MIRAMAR FL 33029 US	2147 SW 195 AVENUE MIRAMAR FL 33029 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2589 Treanor Terrace		2589 Treanor Terrace	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
Wellington, FL (City & State)		Wellington, FL (City & State)	
Zip: 33414	Country: USA	Zip: 33414	Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number: 20-5845880 ☐ 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
MOZO, MARISOL AMY 2147 SW 195 AVENUE MIRAMAR FL 33029	Name: Marisol Amy Mozo Street Address (P.O. Box Number is Not Acceptable): 2589 Treanor Terrace City: Wellington FL Zip Code: 33414

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 ______________ 3-7-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOZO, MARISOL AMY 2147 SW 195 AVENUE MIRAMAR FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marisol Mozo 2589 Treanor Terrace Wellington, FL 33414	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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 Section 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: ______________ 3-7-07 561-784-0384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #