2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 08, 2007 8:00 am Secretary of State DOCUMENT # L06000094214 1. Entity Namo 02-15-2007 90276 017 ****50.00 CATCH 31 HOLDINGS, LLC Principal Place of Business Mailing Address 1831 N. BELCHER ROAD, SUITE G-3 CLEARWATER FL 33765 1831 N. BELCHER ROAD, SUITE G-3 CLEARWATER FL 33765 1101) BIN 6010 669 949 9414 9414 9414 9415 9167 1414 9774 1416 1710 1110 976 18 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #. old 1st MOORE CR2E083 (10/06) Applied For 4. FEI Numbor City & State City & State Not Applicable Not Applicable Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMMOND, JAMES M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1831 N. BELCHER ROAD, SUITE A-1 **CLEARWATER FL 33765** City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Squarur, typed or dirited name or registerio argent and little if a publicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. nin me Delete ☐ Change Addition Mgr. NAME James K. Krivacs STREET ADDRESS STREET ADDRESS 1831 N. Belcher Road, G-3 CITY-ST-ZIP CITY- S1- ZIP Clearwater, Fl-BHE Change Addition refee NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 9711 ☐ Change Addition MILL Delete STREET ADDRESS STHEET ADDRESS CITY-SI-ZIP CITY-SI-ZIP Defete HITTE Chance Addition 11711 NAME SIPELI ADDRESS SHIFET ADDRESS CHY-SI-7IP CHY-S1-72 ☐ Ociete mu ■ Addition MIE NAME NAME STREET ADDRESS STRUCT ADDRESS CHY-SI-ZIP CITY-SI-ZIP HDE ☐ Channe ☐ Addition Delete HILL NAM NAM! STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-7P 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 each; 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

SIGNATURE

FILED