2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081067

Current Principal Place of Business:

Entity Name: THE CATHERINE GROUP, LLC

FILED Jan 21, 2009 Secretary of State

| 8230 N DAMES POIN #1708 JACKSONVILLE, FL | T CROSSING BOULEVARD 32277 | | |
|--|-------------------------------|---|-------------------------------------|
| Current Mailing Address: | | New Mailing Address: | |
| 8230 N DAMES POIN #1708 JACKSONVILLE, FL | T CROSSING BOULEVARD 32277 | | |
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| LEAGUE, BARBARA 3955 RIVERSIDE AVI SUITE 100 JACKSONVILLE, FL | ENUE | | |
| The above named ent in the State of Florida. | | urpose of changing its registered | office or registered agent, or both |
| SIGNATURE: | | | |

MANAGING MEMBERS/MANAGERS:

MGR () Delete

Electronic Signature of Registered Agent

8230 N DAMES POINT CROSSING BLVD #1708

Name: RAMADAN, DINA

Address: 8230 N DAMES POINT CROSSING BLVD #1708 City-St-Zip: JACKSONVILLE, FL 32277

Title: MGR () Delete

Title: MGR () Delete Name: HILALI, HEND

Address:

City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

Title: () Change () Addition

Date

New Principal Place of Business:

Name: Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Title: () Change () Addition

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: DINA RAMADAN MGR 01/21/2009