File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



FILED STATE

ANNUAL REPORT 1998 Sandra B. Mortham Secretary of State Division OF CORPORATIONS		ry of State	DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				3 PM 2: 24
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000662]	
CATALINA DEVELOPERS, L.C. 324 ROYAL PALM WAY SUITE 215 PALM BEACH, FL 33480			1a. Principal Place of Business Address 324 ROYAL PALM WAY SUITE 215 PALM BEACH, FL 33480	
2 Principal Place of Business	2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apl. #, etc.	Suite, Apt. #, etc.		08/29/1995 4. FEI Number	FL
City & State	City & State		4. FET Number	Applied For
Only & State	Olly & State	Oily & State		Not Applicable 6. Certificate of Status Desired
Zip Country	Zip C	ountry	5. Date of Last Report 02/21/1997	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		8.	Name and Address of New Registered Agent/Office	
its registered office or registered agent, or both, in the as registered agent, and accept the obligations.	Suite, Apt. #, etc. City he above-named limited was authorized by affirma	Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Sove-named limited liability company submits this statement for the purpose of changing athorized by affirmative vote of a majority of the members. I hereby accept the appointment DATE DATE		
(Registered Agent Ascepting 10. Title Managing Members/Manage	gnature required when reinstaling		State and Zip Code	
MGR MINKIN, DAVID Managing Member LESTER, PRESCOTT	95-25 QUE	EENS BLVD STE	72 REGO PA E 215 PALM BE	

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutos. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Prescott Lestery Managing Member MANAGER

Date

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