

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999			
<b>FILING FEE</b> • \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
08/29/1995		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0614945			
5. Date of Last Report		6. Certificate of Status Desired	
06/18/1998		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
LESTER, PRESCOTT 324 ROYAL PALM WAY SUITE 215 PALM BEACH FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 3000002789333 -02/26/99--01111--013 City ****188.75 ****188.75 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
(Registered Agent Accepting Appointment) (608.416) (Registered Agent Signature required when not a change)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MINKIN, DAVID	95-25 QUEENS BLVD SUITE 724	REGO PARK NY 11374
MGR	LESTER, PRESCOTT	324 ROYAL PALM WAY, STE 215	PALM BEACH FL 33480
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: Prescott E. Lester		2/17/99 (561) 835-8118	
SIGNATURE AND TYPE OF POSITION (NAME OF SIGNER, MANAGER, MEMBER OR MEMBER)		Date (Month/Day/Year)	