2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # L98000000238 CATÁLINA OF ANNA MARIA, L.C. Principal Place of Business Mailing Address 2746 DELWARE AVE 2746 DELWARE AVE KENMORE, NY 14217 KENMORE, NY 14217 03122004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1545258 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAKLIS, V. WILLIAM DO NOT WRITE 1400 4TH AVENUE WEST BRADENTON, FL 34205 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME ALSHEIMER, RONALD Y U00000083634 03/15/04-80100-002 50.00 STREET ADDRESS 2558 DELAWARE AVENUE BUFFALO, NY 14216 CITY-ST-ZIP MGRM TITLE BLINKOFF, MICHAEL M NAME STREET ADDRESS 2746 DELAWARE AVENUE CITY-ST-ZIP KENMORE, NY 14217 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerent to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: