2005 LIMITED LIABILITY COMPANY

Apr 08, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L98000000238** 1. Entity Name CATÁLINA OF ANNA MARIA, L.C. Principal Place of Business Mailing Address 2746 DELWARE AVE 2746 DELWARE AVE KENMORE, NY 14217 KENMORE, NY 14217 04052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1545258 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent green additional and the contract KAKLIS, V. WILLIAM DO NOT WRITE 1400 4TH AVENUE WEST IN THIS SPACE BRADENTON, FL 34205 5. 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, 2005 MANAGING MEMBERS/MANAGERS MGRM TITLE NAME ALSHEIMER, RONALD Y The second of th 2558 DELAWARE AVENUE STREET ADDRESS BUFFALO, NY 14216 CITY-ST-ZIP MGRM TITLE 000000294575 04/08/05-80076-010 50.00 BLINKOFF, MICHAEL M NAME 2746 DELAWARE AVENUE STREET ADDRESS CITY-ST-ZIP KENMORE, NY 14217 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP Carrier Hagin (A) TITLE one filter of the first the filter of the NAME STREET ACCRESS The second secon CITY - ST - ZIP TITLE NAME

11. I 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 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 508, Florida Statutes.

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

STREET ADDRESS CITY-ST-ZIP

875 8916

FILED