


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 031 ****50.00

DOCUMENT # L98000000238

1. Entity Name
CATALINA OF ANNA MARIA, L.C.



Principal Place of Business Mailing Address
2746 DELWARE AVE **2746 DELWARE AVE**
KENMORE, NY 14217 **KENMORE, NY 14217**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1207 DELAWARE AVE **1207 DELAWARE AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 108 **SUITE 108**

City & State City & State
Buffalo, New York **Buffalo, New York**
 Zip Country Zip Country
14209 **USA** **14209** **USA**



01162007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM
1400 4TH AVENUE WEST
BRADENTON, FL 34205

4. FEI Number Applied For
16-1545258 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALSHEIMER, RONALD Y 2558 DELAWARE AVENUE BUFFALO, NY 14216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLINKOFF, MICHAEL M 2746 DELAWARE AVENUE KENMORE, NY 14217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	1207 DELAWARE AVENUE BUFFALO, NY 14209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	1207 DELAWARE AVE BUFFALO, NY 14209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: Michael Blinkoff - Michael Blinkoff **1-16-07** **716-875 8916**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #