

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 2746 DELWARE AVE KENMORE, NY 14217			Mailing Address 2746 DELWARE AVE KENMORE, NY 14217		
2. Principal Place of Business - No P.O. Box # 1207 DELAWARE AVE		3. Mailing Address 1207 DELAWARE AVE			
Suite, Apt. #, etc. SUITE 108		Suite, Apt. #, etc. SUITE 108			
City & State Buffalo New York		City & State Buffalo New York			
Zip 14209		Zip 14209			
Country USA		Country USA		01162007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 16-1545258				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent KAKLIS, V. WILLIAM 1400 4TH AVENUE WEST BRADENTON, FL 34205			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	1207 DELAWARE AVENUE BUFFALO, NY 14209
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	1207 DELAWARE AVE BUFFALO, NY 14209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 606, Florida Statutes.					
SIGNATURE: <u>Michael Blinkoff - Michael Blinkoff</u> <u>1-16-07</u> <u>716-875 8916</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					