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ANNUAL REPORT				Feb 15, 2005 08:00	
DOCUMENT # L9900008237 1. Entity Name CATAMOUNT LOT 8, LLC		3237		Secretary of Sta	
Principal Place of Business 401 BAYFRONT PLACE, UNIT #3506 NAPLES, FL 34102 Mailing Address 401 BAYFRONT PLACE, UNIT NAPLES, FL 34102		#3506			
DO NOT WRITE IN THIS SPACE			01072005 No Chg-LLC		
				5. Certificate of Status Desired S5.00 Add Fee Required	itional
	6. Name and Address of Current	Registered Agent	-	<u> </u>	
PRICE, MARK J ESQ. ROETZEL & ANDRESS 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES, FL 34103			-	DO NOT WRITE IN THIS SPACE	
the obligat	Signature, typed or printed name of registered agent a liling Fee is \$50.00 ue by May 1, 2005	and title II applicable. (NOTE. Registere	ed Agent signature required	ed agent, or both, in the Stale of Florida. I am familiar with, a when reinstaing). DATE	and accept
9.	MANAGING MEMBE	RS/MANAGERS	-	-	· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CITY-ST-ZIP	O'MEARA, WILLIAM J JR 30846 TANOA ROAD EVERGREEN, CO 80439		<u>.</u>		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				00000230610 02/15/05-80050-007/5(0.00
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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 of trustee employered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CRY-ST-ZIP

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING MARGINE MEMBER, OR AUTHORIZED REPRESENTATIVE

Cate

Daytime Phone #