

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # M02000003413

1. Entity Name
CATALINA SHOPPES FLA LLC



Principal Place of Business
1775 N. CONGRESS AVE.
BOYNTON BEACH, FL 33426

Mailing Address
4 EAST 80TH ST.
NEW YORK, NY 10021

DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
27-0040918

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOMMERSET SHOPPES
11555 HERON BAY BLVD.
SUITE #89
CORAL SPRINGS, FL 33076

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTS, BOB 4 EAST 80TH STREET NEW YORK, NY 10021
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11/20/04-80026-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

1/14/04

954-603-0415