LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
03-04-2003 90156 025 ****50.00

30040025

DOCUMENT # M02000003413

1. Entity Name

CATALINA SHOPPES FLA LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1775 N. Congress Ave.	4 East 80th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boyton Beach FLA.	City & State: New York N.Y.
Zip: 33426 / Country: U.S.A.	Zip: 10021 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0040918 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sommerset Shopper

Street Address (P.O. Box Number is Not Acceptable): 11555 Heron Bay Blvd.

Suite #69

City: Coral Spring **FL** Zip Code: 33076

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: Bob Roberts — 2/21/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing member
NAME	Bob Roberts
STREET ADDRESS	4 East 80th St
CITY-ST-ZIP	New York, N.Y. 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Bob Roberts — 2/21/03 — 212-734-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #