

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90019 041 ****50.00

DOCUMENT # M03000000366

1. Entity Name
ABC CATALOG, LLC



Principal Place of Business
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181

Mailing Address
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181

20056160



04192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2305456	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INIC.
1550 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALUSA TRUST 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEIBOWITZ, MARVIN 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEIBOWITZ LIVING TRUST 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 of 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 #