

2001 UNIFORM BUSINESS REPORT (UBR)

0009782 AF

DOCUMENT # M95000000097

1. Entity Name
CATALYST PARTNERS, L.L.C., L.C.

Principal Place of Business
251 CRANDON BLVD. #161
KEY BISCAYNE FL 33149

Mailing Address
251 CRANDON BLVD. #161
KEY BISCAYNE FL 33149

FILED

01 MAR 15 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-3359248

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDIS, CAROLIN P
251 CRANDON BLVD., #161
KEY BISCAYNE FL 33149

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003911942--3
-03/27/01--01055--020
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGR LANDIS, MARK
STREET ADDRESS
251 CRANDON BLVD., #161
CITY-ST-ZIP
KEY BISCAYNE FL 33149 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
MGR LANDIS, CAROLYN P
STREET ADDRESS
251 CRANDON BLVD., #161
CITY-ST-ZIP
KEY BISCAYNE FL 33149 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Carolyn P. Landis, VP CAROLYN P. LANDIS 3/10/01 361-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)