

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055622

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: 1394 CASSAT, LLC

**Current Principal Place of Business:**

5022 GATE PARKWAY, SUITE 208  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

5022 GATE PARKWAY, SUITE 208  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-4967066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAGILIERY, JAMES Z  
5022 GATE PARKWAY, SUITE 208  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: KAGILIERY, JAMES Z  
Address: 5022 GATE PARKWAY, SUITE 208  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Change (X) Addition  
Name: THOMPSON, JAMES E JR  
Address: 5022 GATE PARKWAY, SUITE 208  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES Z KAGILIERY

MGRM

04/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date