

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071454

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** ANN BOLGER CATES, P.T., LLC

**Current Principal Place of Business:**

121 GABRIEL CIRCLE  
#7  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

121 GABRIEL CIRCLE  
#7  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 20-5274964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FOSTH, CATHERINE M CPA  
501 GOODLETTE RD N  
D304  
NAPLES, FL 34102 US

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

FOSTH, CATHERINE M CPA  
1250 TAMiami TRL N  
SUITE 201  
NAPLES, FL 34102 US

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: \_\_\_\_\_

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: CATES, ANN B  
Address: 121 GABRIEL CIRCLE #7  
City-St-Zip: NAPLES, FL 34104 US

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: CATES, ANN B  
Address: 121 GABRIEL CIRCLE #7  
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify 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: ANN BOLGER CATES

P

04/27/2009

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