

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003496

Entity Name: C.A.T. LLC

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

41219 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Principal Place of Business:

Current Mailing Address:

1010 NORTHERN BLVD., SUITE 310
GREAT NECK, NY 11021

New Mailing Address:

FEI Number: 59-0994757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINES, TODD
41219 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

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/MEMBERS:

Title: PT () Delete
Name: PINES, TODD
Address: 41219 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: S () Delete
Name: PINES, CRAIG
Address: 5 PEQUOT TRAIL
City-St-Zip: WESTPORT, CT 06880

Title: VP () Delete
Name: WOLF, ALLISON
Address: 15 GEORGIAN COURT
City-St-Zip: EAST HILLS, NY 11576

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PINES, TODD
Address: 41219 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: MGR (X) Change () Addition
Name: PINES, CRAIG
Address: 5 PEQUOT TRAIL
City-St-Zip: WESTPORT, CT 06880

Title: MGR (X) Change () Addition
Name: WOLF, ALLISON
Address: 15 GEORGIAN COURT
City-St-Zip: EAST HILLS, NY 11576

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD PINES

MGR

04/28/2004

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