

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000011596

FILED
Apr 24, 2007
Secretary of State

Entity Name: CATHER MANAGEMENT, LLC

Current Principal Place of Business:

1 NW IVANHOE BLVD.
ORLANDO, FL 32804 US

New Principal Place of Business:

ATTN: STEPHEN D. DUNEGAN, ESQ
DEAN, MEAD, ET AL 800 N MAGNOLIA AVE #1500
ORLANDO, FL 32803 US

Current Mailing Address:

ATTN: STEPHEN D. DUNEGAN, ESQ
DEAN, MEAD, ET AL P.O. BOX 2346
ORLANDO, FL 328022346

New Mailing Address:

ATTN: STEPHEN D. DUNEGAN, ESQ
DEAN, MEAD, ET AL P.O. BOX 2346
ORLANDO, FL 328022346 US

FEI Number: 59-3673174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATHER, JOHN M
1 NW IVANHOE BLVD.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

DEAN MEAD SERVICES LLC
800 N MAGNOLIA AVE
1500
ORLANDO, FL 32803 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: STEPHEN D DUNEGAN

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CATHER, JOHN M
Address: 1 IVANHOE BLVD.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CATHER, BETTY M
Address: 1620 MAYFLOWER CIRCLE UNIT # 115-A
City-St-Zip: WINTER PARK, FL 32792

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: BETTY M CATHER

MGRM

04/24/2007

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