

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001013

FILED
Jul 02, 2007
Secretary of State

Entity Name: CABAT PROPERTIES, LLC

Current Principal Place of Business:

2650 WEST PENSACOLA STREET
#9
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2650 WEST PENSACOLA STREET
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-3699534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NERLAND, DAVID N MGRM
3012 GREYABBEY COURT
TALLAHASSEE, FL 32309 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NERLAND, DAVID N
Address: 3012 GREYABBEY CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: NERLAND, JANICE
Address: 3012 GREYABBEY CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: PERKINS, CHARLES L
Address: 6231 MYRTLEWOOD CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: PERKINS, DIANE
Address: 6231 MYRTLEWOOD CT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID N. NERLAND

MGRM

07/02/2007

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