2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 11, 2007
Secretary of State

DOCUMENT# L01000001013

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:

2650 WEST PENSACOLA STREET
#9
TALLAHASSEE, FL 32304

FEI Number: 59-3699534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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:		
Title:	MGRM	( ) Change (X) Addition
Name:	NERLAND, DOUGLAS N	
Address:	11821 GAIL DRIVE	
City-St-Zip:	TEMPLE TERACE, FL 33617	
Title:	MGRM	( ) Change (X) Addition
Name:	NERLAND, BRENDA J	
Address:	11821 GAIL DRIVE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	

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 MM 08/11/2007

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