

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001013

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: CABAT PROPERTIES, LLC

## Current Principal Place of Business:

2350 WANDA WAY  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

2350 WANDA WAY  
TALLAHASSEE, FL 32303

## New Mailing Address:

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: MGRM ( ) Delete  
Name: NERLAND, DOUGLAS N  
Address: 11821 GAIL DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM ( ) Delete  
Name: NERLAND, BRENDA J  
Address: 11821 GAIL DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

## 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: ( ) 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

04/23/2009

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