

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001013

Entity Name: CABAT PROPERTIES, LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**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  
Name: NERLAND, DAVID N  
Address: 3012 GREYABBEY CT  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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

Title: MGRM  
Name: NERLAND, DOUGLAS N  
Address: 11821 GAIL DRIVE  
City-St-Zip: TEMPLE TERACE, FL 33617

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

I hereby 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

04/26/2010

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