

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010779

Entity Name: ARCAT, LLC

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

308 EAST OAK AVE  
TAMPA, FL 33602

**New Principal Place of Business:**

402 EAST OAK AVE  
TAMPA, FL 33602

**Current Mailing Address:**

308 EAST OAK AVE  
TAMPA, FL 33602

**New Mailing Address:**

402 EAST OAK AVE  
TAMPA, FL 33602

FEI Number: 01-0694558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, JAMES P  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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: MGR ( ) Delete  
Name: HERNANDEZ, ARNALDO  
Address: 308 EAST OAK AVENUE  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: BYRD, CATHERINE L  
Address: 308 EAST OAK AVENUE  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HERNANDEZ, ARNALDO  
Address: 402 EAST OAK AVENUE  
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change ( ) Addition  
Name: BYRD, CATHERINE L  
Address: 402 EAST OAK AVENUE  
City-St-Zip: TAMPA, FL 33602

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: CATHERINE BYRD

MGR

04/27/2006

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