

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000011465

1. Entity Name

KAT INVESTMENTS, L.L.C.



**FILED**

03 APR 30 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
124 N. Palmetto Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 632

DO NOT WRITE IN THIS SPACE

City & State  
Flagler Beach, FL

City & State  
Flagler Beach, FL

4. FEI Number

02-06-10757

Applied For

Not Applicable

Zip  
32136

Country  
US

Zip  
32136

Country  
US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Scott E. Johnson, Esq.

Street Address (P.O. Box Number is Not Acceptable)

111 N. Orange Avenue, Suite 1200

City Orlando

FL

Zip Code  
32801

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

4/25/03  
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

100017559161

04/30/03--01050--010 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
John Thall  
124 N. Palmetto Avenue  
Flagler Beach, FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

04/30/03--01050--010 \*\*50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John Thall, Managing Member

4/23/03

386-517-2518

Date

Daytime Phone #

CR2E0838 (12/02)