

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000011495

1. Entity Name
KAT TRAX, L.L.C.



FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
3280 MULFORD ROAD
MULBERRY, FL 33860

Mailing Address
PO BOX 258
MULBERRY, FL 33860-3280



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0598831

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WURTHMANN, JAMES F JR
3280 MULFORD ROAD
MULBERRY, FL 33860

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGR |
| NAME | RIFE, DANIEL F |
| STREET ADDRESS | PO BOX 258 |
| CITY-ST-ZIP | MULBERRY, FL 338600258 |

| | |
|----------------|------------------------|
| TITLE | MGR |
| NAME | WURTHMANN, JAMES F JR |
| STREET ADDRESS | PO BOX 258 |
| CITY-ST-ZIP | MULBERRY, FL 338600258 |

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*for
Tax & Licenses*

POSTED

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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]

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

Date

Daytime Phone #