

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018265

1. Entity Name
PHATCAT INVESTMENTS, LLC



FILED

2003 JUN 10 PM 8:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
631 GINGERMILL LANE 631 GINGERMILL LANE
LEXINGTON KY 40509 LEXINGTON KY 40509

2. Principal Place of Business 3. Mailing Address
3090 Helmsdale Place 3090 Helmsdale Place
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 220-801 Suite 220-801

City & State City & State
Lexington, Kentucky Lexington, Kentucky
Zip Country Zip Country
40509 Country 40509 Country

04/30/03.01087 020 \$50.00

4. FEI Number Applied For
13-4204257 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COLBY, ALFRED A
625 EAST TWIGGS STREET, SUITE 102
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name ALFRED A COLBY
Street Address (P.O. Box Number is Not Acceptable)
701 East Kennedy Blvd
Suite 3140
City Tampa FL Zip Code 33602-5151

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: *Alfred A. Colby* DATE: 4/28/2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete W. Share Flemm 3090 Helmsdale Place, Suite 220-801 Lexington, Kentucky 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

8-23-03 8597432443
Date Daytime Phone #

CORPORATION