

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

631 GINGERMILL LANE
LEXINGTON KY 40509

Mailing Address

631 GINGERMILL LANE
LEXINGTON KY 40509

2. Principal Place of Business

3090 Helmsdale Place

3. Mailing Address

3090 Helmsdale Place

Suite, Apt. #, etc.

Suite 220-801

Suite, Apt. #, etc.

Suite 220-801

City & State

Lexington, Kentucky

City & State

Lexington, Kentucky

Zip

40509

Country

Zip

40509

Country

4. FEI Number

13-4204257

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

04/30/03.01087 020 \$50.00



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

(NOTE: Registered Agent signature required when reissuing)

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	Delete
Managing Member	W. Share Flemm	3090 Helmsdale Place, Suite 220-801	Lexington, Kentucky 40509	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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:

W. Share Flemm

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

Date

Daytime Phone #

6-23-03 8597432443

CORPORATION