

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000021308 1. Entity Name CADA ENTERPRISES, LLC	
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Principal Place of Business 25 OLD POST ROAD LONGWOOD, FL 32779	Mailing Address P.O. BOX 162542 ALTAMONTE SPRINGS, FL 32716-2542
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01162006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1274230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, CATHERINE P
25 OLD POST ROAD
LONGWOOD, FL 32779

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOWMAN, CATHERINE P 25 OLD POST ROAD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWMAN, DAVID G 25 OLD POST RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/06-80003-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Catherine P Bowman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #