

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013027

**FILED**  
**Jan 29, 2005**  
**Secretary of State**

**Entity Name:** BAD CAT PROPERTIES LLC

**Current Principal Place of Business:**

1471 HARBOUR DRIVE  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

1471 HARBOUR DRIVE  
LONGWOOD, FL 32752 US

**Current Mailing Address:**

P.O. BOX 520403  
LONGWOOD, FL 32750 US

**New Mailing Address:**

P.O. BOX 520403  
LONGWOOD, FL 32752 US

**FEI Number:** 20-0739407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROTEAU, JAMIE H  
1471 HARBOUR DRIVE  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

CROTEAU, JAMIE H  
P.O. BOX 520403  
LONGWOOD, FL 32752 US

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.

SIGNATURE: \_\_\_\_\_

01/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CROTEAU, JAMIE H  
Address: P.O. BOX 520403  
City-St-Zip: LONGWOOD, FL 32750 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CROTEAU, JAMIE H  
Address: P.O. BOX 520403  
City-St-Zip: LONGWOOD, FL 32752 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMIE CROTEAU

MGRM

01/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date