

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027030

Entity Name: KATO HOLDINGS, LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

100 SOUTH BIRCH ROAD
#903
FT. LAUDERDALE, FL 33316 US

Current Mailing Address:

100 SOUTH BIRCH ROAD
#903
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

1500 NORTH FEDERAL HWY
#200
FT. LAUDERDALE, FL 33304 US

New Mailing Address:

1110 PONCE DE LEON DRIVE
FT. LAUDERDALE, FL 33316 US

FEI Number: 76-0755707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENSON REAL ESTATE
1500 NORTH FEDERAL HIGHWAY
SUITE #200
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'MALLEY, DANIEL D
Address: 100 SOUTH BIRCH ROAD #903
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: O'MALLEY, DANIEL J
Address: 113 NURMI DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'MALLEY, DANIEL D
Address: 1110 PONCE DE LEON DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DANNY O'MALLEY

MGR

01/18/2006

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