

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053120

FILED
Apr 30, 2005
Secretary of State

Entity Name: CATERPILLAR PROPERTIES, LLC

Current Principal Place of Business:

4300 BAYOU BLVD., STE. 13
PENSACOLA, FL 32503

New Principal Place of Business:

25 W GOVERNMENT STREET
PENSACOLA, FL 32502

Current Mailing Address:

4300 BAYOU BLVD., STE. 13
PENSACOLA, FL 32503

New Mailing Address:

25 W GOVERNMENT STREET
PENSACOLA, FL 32503

FEI Number: 20-1396023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
4300 BAYOU BLVD., STE. 13
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

MOORHEAD, STEPHEN R
25 W GOVERNMENT STREET
PENSACOLA, FL 32503 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:

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MOORHEAD, STEPHEN R
Address: 4300 BAYOU BLVD., STE. 13
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: WARD, KEVIN
Address: P.O. BOX 15190
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOORHEAD, STEPHEN R
Address: 25 W GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

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 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: STEPHEN R MOORHEAD

MGR

04/30/2005

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