2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L04000053120

Entity Name: CATERPILLAR PROPERTIES, LLC

Current Principal Place of Business:

25 W GOVERNMENT STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

25 W GOVERNMENT STREET
PENSACOLA, FL 32502

New Mailing Address:

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

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

Title: MGR ( ) Delete
Name: NELSON, TODD L
Address: 100 SOUTH 16TH STREET
City-St-Zip: PITTSBURGH, PA 15203 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: NELSON, TODD L
Address: P.O. BOX 15430
City-St-Zip: PENSACOLA, FL 32514 US

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN R MOORHEAD MGR 03/19/2009

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