# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 15, 2007**
**Secretary of State**

DOCUMENT# L04000057490

**Entity Name:** CATB, LLC

**Current Principal Place of Business:**

2075 WEST FIRST STREET
300
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

5249 SUMMERLIN COMMONS BLVD
FORT MYERS, FL 33907 US

**Current Mailing Address:**

2075 WEST FIRST STREET
300
FORT MYERS, FL 33901 US

**New Mailing Address:**

P O BOX 9229
FORT MYERS, FL 33902 US

**FEI Number: 20-1537523** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

KINSEY, D. HUGH JR
2121 WEST FIRST STREET
FORT MYERS, FL 33901 US

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

SKINNER, KAREN A
12981 TREELINE CT
NORTH FORT MYERS, FL 33903 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: KAREN A SKINNER 05/15/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: WHITLEY, STEVEN R
Address: 2075 WEST FIRST STREET
City-St-Zip: FORT MYERS, FL 33901 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: KGG PROPERTIES LIMIT, ED PARTNERSHIP LLLP
Address: P O BOX 9229
City-St-Zip: FORT MYERS, FL 33902 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: KAREN A SKINNER MGRM 05/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date