

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063413

FILED
May 05, 2009
Secretary of State

Entity Name: KAT FARM & HUNTING CLUB, LLC

Current Principal Place of Business:

WAKULLA CO NS 98
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

PO BOX 189
PANACEA, FL 32346

New Mailing Address:

FEI Number: 56-2477380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

PETRANDIS, ANGELO
22 MASHES SANDS RD
PANACEA, FL 32346 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETRANDIS, ANGELO
Address: PO BOX 189
City-St-Zip: PANACEA, FL 32346

Title: MGRM () Delete
Name: RIDLEY, PINCKNEY K
Address: PO BOX 189
City-St-Zip: PANACEA, FL 32346

Title: MGRM () Delete
Name: PETRANDIS, THOMAS M
Address: PO BOX 159
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES:

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

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

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

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: ANGELO PETRANDIS

MGRM

05/05/2009

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