

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065161

FILED
Apr 23, 2005
Secretary of State

Entity Name: CATASTROPHE ADJUSTING TEAM, LLC

Current Principal Place of Business:

7254 121ST TERRACE N.
LARGO, FL 33773 US

New Principal Place of Business:

895 SILVERWOOD COURT
5
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

7254 121ST TERRACE N.
LARGO, FL 33773 US

New Mailing Address:

895 SILVERWOOD COURT
5
FORT WALTON BEACH, FL 32547 US

FEI Number: 20-1584965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, JAMES M
7254 121ST TERRACE N.
LARGO, FL FL US

Name and Address of New Registered Agent:

PRICE, JAMES M
895 SILVERWOOD COURT
5
FORT WALTON BEACH, FL FL 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:

04/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PRICE, JAMES M
Address: 7254 121ST TERRACE N
City-St-Zip: LARGO, FL 33773 US

Title: MGR () Delete
Name: PRICE, MICHAEL O
Address: 190 112TH AVE. N # 1322
City-St-Zip: SAINT PETERSBURG, FL 33716 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRICE, JAMES M
Address: 895 SILVERWOOD COURT
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: JAMES M. PRICE

MGRM

04/23/2005

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