## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000071053** 

PRINCESS KAT PROPERTIES, LLC



**FILED** May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502

Mailing Address

**308 SOUTH JEFFERSON STREET** PENSACOLA, FL 32502



04252008 No Chg-LLC

CR2E083 (12/07)

| _  |                               |                  | Applied For    |
|----|-------------------------------|------------------|----------------|
| 4, | FEI Number                    |                  | Applied For    |
|    | 26-2317965                    |                  | Not Applicable |
| 5. | Certificate of Status Desired | \$5.00<br>Fee Re | Additional     |

6. Name and Address of Current Registered Agent

MATTHEWS, EDSEL F JR. 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502

## DO NOT WRITE IN THIS SPACE

|                                       |   | Ì  |  |
|---------------------------------------|---|--|--|
|                                       | named entity submits this statement for the purpose of char<br>tions of registered agent. | nging its registered office or registered agent, or both     | i, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title if applicable.             | (NOTE: Registered Agent signature required when reinstating) | DATE   |
| FILE<br>After May                     | NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                  |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS   |  | A STATE OF THE STA |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MATTHEWS, EDDIE<br>308 SOUTH JEFFERSON STREET<br>PENSACOLA, FL 32502               |  | Hoooparend   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  | 000000946984<br>05/30/08-80071-008 138.75  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | INT  | HIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |
| TITLE NAME STREET ADDRESS             | . ,   |  |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN