

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074000

Entity Name: SPECAT, L.L.C.

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

815 TURNBERRY WAY
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

815 TURNBERRY WAY
NICEVILLE, FL 32578

New Mailing Address:

7819 LEYTE AVE
NORFOLK, VA 23511

FEI Number: 20-1744524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONCEPCION, CHERYL
815 TURNBERRY WAY
NICEVILLE, FL 32578 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: MGRM () Delete
Name: GALLANT, ROBIN
Address: 3912 INDIAN TRAIL
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: NELSON, MICHAEL G
Address: 9 ARDMORE CT
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: CONCEPCION, CHERYL
Address: 815 TURNBERRY WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALLANT, ROBIN
Address: 7819 LEYTE AVE
City-St-Zip: NORFOLK, VA 23511

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 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: ROBIN GALLANT

MGRM

02/02/2006

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