


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90291 018 ****50.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # L04000091489 1. Entity Name OUR WILDCATTER, LLC | | | |  | |
| Principal Place of Business ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 | | | Mailing Address ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent WIENER, DAVID J ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 | | | 7. Name and Address of New Registered Agent Name John W.S. Preston Street Address (P.O. Box Number is Not Acceptable) One N. Clematis Street Suite 305 City West Palm Beach FL 33401 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE 2/21/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PRESTON, JOHN W.S. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PRESTON, STEPHEN S.B. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GREEN, ROBERT S 2851 JOHN STREET, SUITE ONE MARKHAM, ONTARIO CANADA, L3R5R7 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 2/21/06 Daytime Phone # 561-835-1810 | | |

20013000



02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2039358** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required