

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093001

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** CI WILDCAT INVESTMENTS, LLC

**Current Principal Place of Business:**

3003 TAMIAMI TRAIL NORTH, SUITE 400  
NAPLES, FL 34103

**New Principal Place of Business:**

3003 TAMIAMI TRAIL NORTH, SUITE 201  
NAPLES, FL 34103

**Current Mailing Address:**

3003 TAMIAMI TRAIL NORTH, SUITE 400  
NAPLES, FL 34103

**New Mailing Address:**

3003 TAMIAMI TRAIL NORTH, SUITE 201  
NAPLES, FL 34103

**FEI Number:** 20-2055014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALHAMBRA REGISTERED AGENTS, INC.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

O'CONNOR, JOHN D  
3003 TAMIAMI TRAIL N.  
SUITE 201  
NAPLES, FL 34103 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: JOHN D. O'CONNOR

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: O'CONNOR, JOHN  
Address: 3003 TAMIAMI TRAIL NORTH, SUITE 400  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLOOD, THOMAS J  
Address: 3003 TAMIAMI TRAIL NORTH, SUITE 201  
City-St-Zip: NAPLES, FL 34103

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: JOHN D. O'CONNOR

VP

04/27/2006

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