FILED 2007 LIMITED LIABILITY COMPANY Apr 23, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # L05000018190** 1. Entity Name **ALLEY CAT 2, LLC** Principal Place of Business Mailing Address **401 SOUTH LINCOLN AVENUE 451 CENTRAL PARK DRIVE** CLEARWATER, FL 33756 US LARGO, FL 33771 US 04182007No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4762660 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K DO NOT WRITE 401 S. LINCOLN AVE CLEARWATER, FL 33756 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE U00000723973 Filing Fee is \$50.00 Due by May 1, 2007 05/02/07-80093-003 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SIR REAL INVESTMENTS, LLC NAME **401 SOUTH LINCOLN AVENUE** STREET ADDRESS CLEARWATER, FL 33756 CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 OF PRINTED NAME OF SIGNING MANAGING MEMBERS

CITY-SI-ZIP

TITLE

NAME

STREET ADDRESS

CITY-SI-ZIP

NAME STREET ADDRESS

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