



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90034 011 \*\*\*\*50.00

<b>DOCUMENT # L05000094660</b>					
<b>1. Entity Name</b> <b>CATTERTON ENTERPRISES "LLC"</b>					
<b>Principal Place of Business</b> 1435 OBEAR COURT WESLEY CHAPEL, FL 33543			<b>Mailing Address</b> 1435 OBEAR COURT WESLEY CHAPEL, FL 33543		
<b>2. Principal Place of Business</b> <i>1435 Obeare Ct</i>		<b>3. Mailing Address</b> <i>1435 Obeare Ct</i>		  04032006    Chg-LLC    CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Wesley Chapel FL</i>		<b>City &amp; State</b> <i>Wesley Chapel FL</i>			
<b>Zip</b> <i>33543</i>		<b>Zip</b> <i>33543</i>			
<b>Country</b> <i>FL</i>		<b>Country</b> <i>FL</i>		<b>4. FEI Number</b> <i>870753527</i>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  CATTERTON, HERBERT G 1435 OBEAR COURT WESLEY CHAPEL, FL 33543			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CATTERTON, HERBERT G 1435 OBEAR COURT WESLEY CHAPEL, FL 33543	<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 CATTERTON, DEBORAH D 1435 OBEAR COURT WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
<b>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.</b>					
<b>SIGNATURE:</b> <i>Herbert G Catterton</i>				Date: <i>4/29/06</i> Daytime Phone #: <i>8139731071</i>	