

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105904

Entity Name: C A T FINANCIAL SERVICES, LLC

FILED  
Feb 07, 2006  
Secretary of State

**Current Principal Place of Business:**

8970 ABBOTSFORD TERRACE  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

8970 ABBOTSFORD TERRACE  
FT. MYERS, FL 33912

**New Mailing Address:**

6900-29 DANIELS PKWY  
STE. 108  
FT. MYERS, FL 33912

FEI Number: 20-3738894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENTI, KEVIN A ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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: JONES, BRIDGET L  
Address: 8970 ABBOTSFORD TERRACE  
City-St-Zip: FT. MYERS, FL 33912

**ADDITIONS/CHANGES:**

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: BRIDGET L JONES

MGRM

02/07/2006

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