


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90009 015 ****50.00

DOCUMENT # L05000105904	
1. Entity Name C A T FINANCIAL SERVICES, LLC	

Principal Place of Business 8970 ABBOTSFORD TERRACE FT. MYERS, FL 33912	Mailing Address 6900-29 DANIELS PKWY STE. 108 FT. MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 13650 Fiddlesticks Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 202-395
City & State	City & State FT. MYERS FL
Zip	Country
33912	Lee



01132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3738894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MSA KENTI, KEVIN A ESQ. C/O CHEFFY, PASSIDOMO, ET AL 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102

7. Name and Address of New Registered Agent Name Kevin A. Dent Esq Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, BRIDGET L 8970 ABBOTSFORD TERRACE FT. MYERS, FL 33912 <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

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: Bridget L Jones **Bridget L Jones** 1/12/07 239-560-1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #