
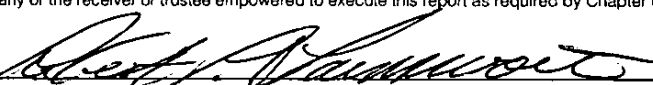


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90019 045 \*\*\*\*55.00

<b>DOCUMENT # L05000106536</b> 1. Entity Name <b>BOBCAT INVESTMENTS, LLC</b>					
Principal Place of Business <b>8359 BEACON BLVD SUITE 311 FORT MYERS, FL 33907</b>			Mailing Address <b>8359 BEACON BLVD SUITE 311 FORT MYERS, FL 33907</b>		
2. Principal Place of Business <b>1342 Colonial Blvd Suite, Apt. #, etc. Suite E-37 City &amp; State Fort Myers FL Zip 33907 Country USA</b>		3. Mailing Address <b>1342 Colonial Blvd Suite, Apt. #, etc. Suite E-37 City &amp; State Fort Myers, FL Zip 33907 Country USA</b>			
03292006 Chg-LLC CR2E083 (11/05)				4. FEI Number <b>20-3744556</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DUGAN, RYAN P 8359 BEACON BLVD SUITE 401 FORT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name <b>Robert L. Farnsworth</b> Street Address (P.O. Box Number is Not Acceptable) <b>1342 Colonial Blvd Suite E-37</b> City <b>Fort Myers</b> FL Zip Code <b>33907</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.					
SIGNATURE  DATE <b>4/1/2006</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<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 <b>FARNSWORTH, ROBERT L 1342 COLONIAL BLVD E-37 FORT MYERS, FL 33907</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gayle C. Farnsworth</b> <b>19160 McGregor Blvd</b> <b>Fort Myers, FL 33919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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		
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:  DATE <b>4/1/2006</b> DAYTIME PHONE # <b>239-275-1880</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					