


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90043 024 \*\*\*\*50.00

<b>DOCUMENT # L05000120214</b> 1. Entity Name <b>CAT CAPITAL LLC</b>					
Principal Place of Business <b>% CAPITAL PARTNERS, INC.</b> <b>ONE INDEPENDENT DRIVE, SUITE 114</b> <b>JACKSONVILLE, FL 32202</b>			Mailing Address <b>% CAPITAL PARTNERS, INC.</b> <b>ONE INDEPENDENT DRIVE, SUITE 114</b> <b>JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212006 Chg-LLC CR2E083 (11/05) 4. FEI Number <b>20-3975357</b> Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>EVANS, WILLIAM G</b> <b>ONE INDEPENDENT DRIVE, SUITE 114</b> <b>JACKSONVILLE, FL 32202</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>William G Evans</i> <b>Date:</b> <i>04-28-06</i> <b>Daytime Phone #:</b> <i>904/356-1978</i>					