


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90042 013 ****50.00

DOCUMENT # L05000120214

1. Entity Name
 CAT CAPITAL LLC



Principal Place of Business Mailing Address

% CAPITAL PARTNERS, INC.
 ONE INDEPENDENT DRIVE, SUITE 114
 JACKSONVILLE, FL 32202

% CAPITAL PARTNERS, INC.
 ONE INDEPENDENT DRIVE, SUITE 114
 JACKSONVILLE, FL 32202

60041566



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

One Independent Drive One Independent Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1850 Suite 1850
 City & State City & State

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

20-3975357 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EVANS, WILLIAM G ONE INDEPENDENT DRIVE, SUITE 114 Suite 1850 JACKSONVILLE, FL 32202		Name	
		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	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEISTAND, JAMES R		NAME		
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 114		STREET ADDRESS	Suite 1850	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: William G Evans Authorized Representative 4/24/07 (904) 356-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #