

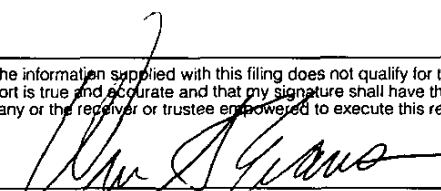


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90042 012 ****50.00

DOCUMENT # L05000120223					
1. Entity Name CAT MANAGER LLC					
Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202			Mailing Address C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # One Independent Drive Suite, Apt. #, etc. Suite 1850 City & State Jacksonville, FL Zip 32202 Country		3. Mailing Address One Independent Drive Suite, Apt. #, etc. Suite 1850 City & State Jacksonville, FL Zip 32202 Country		04242007 Chg-LLC CR2E083 (12/06)  4. FEI Number 20-4032768 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MEISTAND, JAMES R ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1850 <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	
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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: 			Authorized Representative		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/24/07 Daytime Phone # (904) 356-1978		