

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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 #

3. Mailing Address

One Independent Drive

Suite, Apt. #, etc.

One Independent Drive

Suite, Apt. #, etc.

Suite 1850

Suite 1850

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip 32202

Country

Zip 32202

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, WILLIAM G
ONE INDEPENDENT DRIVE, 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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME MEISTAND, JAMES R
STREET ADDRESS ONE INDEPENDENT DRIVE SUITE 1850
CITY-ST-ZIP JACKSONVILLE, FL 32202

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

Suite 1850

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change

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CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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

4/24/07 (904) 356-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

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

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

00041567



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4032768

Applied For
Not Applicable

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