

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90033 021 ****50.00

DOCUMENT # L05000123694					
1. Entity Name CACTUS CAPITAL HOLDINGS, LLC					
Principal Place of Business 8799 MUIRFIELD DRIVE NAPLES, FL 34109			Mailing Address 8799 MUIRFIELD DRIVE NAPLES, FL 34109		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4037259	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OATES, MARC F P.A. 10001 TAMiami TRAIL N. SUITE 119 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Timothy J. Jackoboice Street Address (P.O. Box Number is Not Acceptable) 8799 Muirfield Drive City Naples FL Zip Code 34109	
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)	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKOBOICE, TIMOTHY J 8799 MUIRFIELD DRIVE NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Timothy J. Jackoboice as trustee of the Timothy J. Jackoboice Rev Trust dtd 07/08/04 8799 Muirfield Drive Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Heather B. Jackoboice as trustee of the Heather B. Jackoboice Rev Trust dtd 02/09/06 8799 Muirfield Drive Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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:					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Timothy J. Jackoboice 4/25/06					
Managing Member					