2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L06000000712

Entity Name: C.A.T. HOMES, LLC

Current Principal Place of Business:

492 SHORT PINE CIRCLE
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

492 SHORT PINE CIRCLE
ORLANDO, FL 32807 US

New Mailing Address:

FEI Number: 20-4076197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOWERS, ANDREW J
492 SHORT PINE CIRCLE
ORLANDO, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FLOWERS, ANDREW J
Address: PO BOX 721724
City-St-Zip: ORLANDO, FL 32872 US

Title: MGRM ( ) Delete
Name: KAROLCZUK, CURTIS E
Address: 492 SHORT PINE CIRCLE
City-St-Zip: ORLANDO, FL 32807 US

Title: MGRM ( ) Delete
Name: ROBERTS, ANTHONY J
Address: 1345 NOLTON WAY
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW J FLOWERS MGRM 04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date