## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000063122

Address:

City-St-Zip:

JACKSONVILLE, FL 32223

Entity Name: C.A.T. ENTERPRISES OF JACKSONVILLE, LLC

Apr 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12627 SAN JOSE BLVD STE. 904 JACKSONVILLE, FL 32223 **New Mailing Address: Current Mailing Address:** 12627 SAN JOSE BLVD STE. 904 JACKSONVILLE, FL 32223 FEI Number: 20-5083480 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TILLEY & CALLAHAN, P.A., CPA'S 4465 BAYMEADOWS RD. JACKSONVILLE, FL 32217 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COLLINS, THOMAS Name: Name: Address: 12627 SAN JOSE BLVD STE. 904 Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: NADEAU, HENRI Name: Address: 12627 SAN JOSE BLVD STE. 904 Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WATSON, ALICIA Name: Name: 12627 SAN JOSE BLVD STE. 904

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ALICIA M. WATSON **MGRM** 04/12/2007