2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000063122

1. Entity Name

C.A.T. ENTERPRISES OF JACKSONVILLE, LLC



Principal Place of Business

12627 SAN JOSE BLVD

STE. 904

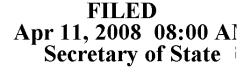
JACKSONVILLE, FL 32223

Mailing Address

12627 SAN JOSE BLVD

STE. 904

JACKSONVILLE, FL 32223





04102008 No Chg-LLC

CR2E083 (12/07)

	\$5.00) Add. 611
20-5083480		Not Applicable
. FEI Number		Applied For

5. Certificate of Status Desired

\$5.00 Additions Fee Required

6. Name and Address of Current Registered Agent

TILLEY & CALLAHAN, P.A., CPA'S 4465 BAYMEADOWS RD. STE. 3 JACKSONVILLE, FL 32217

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SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	· ·
TITLE	MGRM	
NAME	COLLINS, THOMAS	
STREET ADDRESS	12627 SAN JOSE BLVD STE, 904	
CITY+ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	MGRM	*
NAME	NADEAU, HENRI	•
STREET ADDRESS	12627 SAN JOSE BLVD STE. 904	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	MGRM	
NAME	WATSON, ALICIA	
STREET ADDRESS	12627 SAN JOSE BLVD STE. 904	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
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MANAGING MEMBERS/MANAGERS

U00000891866 04/23/08-80040-016 138.75

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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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-10-08 904.2886911

Date

Daytime Phone #