2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L06000063122

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

Current Principal Place of Business:

12627 SAN JOSE BLVD
STE. 904
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12627 SAN JOSE BLVD
STE. 904
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-5083480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLEY & CALLAHAN, P.A., CPA'S
4465 BAYMEADOWS RD.
STE. 3
JACKSONVILLE, FL 32217 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:	COLLINS, THOMAS	
Address:	12627 SAN JOSE BLVD STE. 904	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	MGRM	( ) Delete
Name:	NADEAU, HENRI	
Address:	12627 SAN JOSE BLVD STE. 904	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	MGRM	( ) Delete
Name:	WATSON, ALICIA	
Address:	12627 SAN JOSE BLVD STE. 904	
City-St-Zip:	JACKSONVILLE, FL 32223	

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: ALICIA WATSON MGR 04/16/2009

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