

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086837

FILED
Jul 24, 2007
Secretary of State

Entity Name: TOMKAT LLC

Current Principal Place of Business:

2297 JEREMY PLACE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

2297 JEREMY PLACE
COCOA, FL 32926

New Mailing Address:

616 S. PARK AVENUE
TITUSVILLE, FL 32796

FEI Number: 20-8242206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

KATHLEEN, RODAMER M
616 S. PARK AVENUE
TITUSVILLE, FL 32796 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: KATHLEEN RODAMER

07/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RYDER, THOMAS
Address: 2297 JEREMY PLACE
City-St-Zip: COCOA, FL 32926

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: RODAMER, KATHLEEN M
Address: 616 S. PARK AVENUE
City-St-Zip: MERRITT ISLAND, FL 32796 US

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: KATHLEEN RODAMER

MGR

07/24/2007

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