## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED	
Feb 15, 2008 8:00 an	1
Secretary of State	

DOCUI 1. Entity Nam 2M CATT		89908	(			02-15-2008	90053 028 ***	.38.75
Principal Place 15845 LAKE DADE CITY, F	IOLA ROAD	Mailing Address 15845 LAKE IOLA RO DADE CITY, FL 33523			•	-		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01142008	Chg-LLC	CR2E083 (12/0	6)
City & State		City & State	City & State		4. FEI Number	84-1	716721 -	Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate of		Fee Req	Additional uired
	6. Name and Address of Cur	rrent Registered Agent		Name	7. Name and A	ddress of New F	Registered Agent	
MCCARTHY, JOHN E JR 15845 LAKE IOLA ROAD			-		(P.O. Box Number	is Not Acceptable	e)	
DADE CIT	Y, FL 33523						·····	
				City	-		FL Zip (	
	named entity submits this stateme ions of registered agent.	ent for the purpose of changing it	s registered	d office or registe	red agent, or both.	in the State of Fl	orida. I am familiar w	ith, and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and bite if applicable. (NO	TE: Registered	Agent signature requirer	d when reinstating)		OATE	
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$53	8.75					te check payable to Department of S	. 1
	/ 1, 2008 Fee will be \$53	8.75 EMBERS/MANAGERS	10.				te check payable to a Department of S	. 1
9.	/ 1, 2008 Fee will be \$53  MANAGING ME		TITLE	i i		Florid	te check payable to a Department of S	tate
9. TITLE NAME	MANAGING ME MGRM MCCARTHY, JOHN E JR	EMBERS/MANAGERS	TITLE NAME			Florid	te check payable to a Department of S	tate
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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 MARAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE