

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092841

Entity Name: FERAL CATS, LLC

FILED
Jan 28, 2007
Secretary of State

Current Principal Place of Business:

5106 PINE ROCKLANDS AVENUE
LITHIA, FL 33547 US

New Principal Place of Business:

Current Mailing Address:

5106 PINE ROCKLANDS AVENUE
LITHIA, FL 33547 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE ROBERTSGROUP, LLC
5106 PINE ROCKLANDS AVENUE
LITHIA, FL 33547 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: CEO Delete
Name: SUSAN AND ALAN, ROBERTS
Address: 5106 PINE ROCKLANDS AVENUE
City-St-Zip: LITHIA, FL 33547 US

Title: CFO Delete
Name: DAVID AND CHERYL, HELFER
Address: 474 DREXEL RIDGE CIRCLE
City-St-Zip: OCOEE, FL 34761 US

Title: COO Delete
Name: PATRICIA AND HERBERT, STRATTON
Address: 855 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGRM Delete
Name: KATHRYN, BROWN
Address: 245 NORA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGRM Delete
Name: PATRICIA, DANDENEAU
Address: 201 INTERNATIONAL DRIVE, #715
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: MGRM Delete
Name: RACHEL, WEBB
Address: 1262 SUGAR MAPLE WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

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:

Title: VP Change Addition
Name: KATHRYN, BROWN
Address: 245 NORA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: VP Change Addition
Name: PATRICIA, DANDENEAU
Address: 201 INTERNATIONAL DRIVE, #715
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: VP Change Addition
Name: RACHEL, WEBB
Address: 1262 SUGAR MAPLE WAY
City-St-Zip: ROCKLEDGE, FL 32955 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: SUSAN ROBERTS

CEO

01/28/2007

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