

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092841

FILED
Mar 15, 2008
Secretary of State

Entity Name: FERAL CATS, LLC

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: 20-4508712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE ROBERTSGOUP, 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: VP () Delete
Name: KATHRYN, BROWN
Address: 245 NORA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952 US

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

Title: VP () 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 (X) Change () Addition
Name: KATHRYN AND TOM, HIETPAS
Address: 245 NORA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952 US

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: SUSAN ROBERTS

MS

03/15/2008

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