

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100576

Entity Name: EXUMA CATS LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

2091 NORTH SUZANNE CIRCLE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

2091 NORTH SUZANNE CIRCLE
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-5719687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FLORIDA-INCORPORATIONS.NET, INC.
3219 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065 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: NEAL RAHMAN

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARRON, RUSSELL F
Address: 2091 NORTH SUZANNE CIRCLE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ST () Delete
Name: BARRON, RUSSELL F
Address: 2091 NORTH SUZANNE CIRCLE
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARRON, RUSSELL F
Address: 2091 NORTH SUZANNE CIRCLE
City-St-Zip: NORTH PALM BEACH, FL 33408

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: RUSSELL F. BARRON

MGRM

04/27/2007

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