

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122831

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: KAT JAC PROPERTIES, L.L.C.

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
SUITE 1124  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 1124  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 20-8142023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOWE, MICHAEL R  
2180 WEST STATE ROAD 434  
SUITE 1124  
LONGWOOD, FL 32779 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: MGR ( ) Delete  
Name: LOWE, KRISTINE M  
Address: 2180 W. SR 434, SUITE 2150  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MRG ( ) Delete  
Name: LOWE, MICHAEL R  
Address: 2180 W. SR 434, SUITE 2150  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LOWE, KRISTINE M  
Address: 2180 W. SR 434, SUITE 1124  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MRG (X) Change ( ) Addition  
Name: LOWE, MICHAEL R  
Address: 2180 W. SR 434, SUITE 1124  
City-St-Zip: LONGWOOD, FL 32779 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: KRISTINE M LOWE

MGR

01/23/2009

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