

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054690

FILED
Mar 15, 2008
Secretary of State

Entity Name: TOMKAT ENTERPRISES, LLC

Current Principal Place of Business:

204 N. ELM AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 952946
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 26-0303147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOVER, STEPHEN H
230 NORTH PARK AVENUE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

KILGER, TAMI F
1094 HENLEY DOWNS PLACE
HEATHROW, FL 32746 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: TAMI F KILGER

03/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KILGER, KYLE
Address: 1094 HENLEY DOWNS
City-St-Zip: HEATHROW, FL 32746

Title: MGRM () Delete
Name: KILGER, TAMI F
Address: 1094 HENLEY DOWNS
City-St-Zip: HEATHROW, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WHITE, JANICE C
Address: 63 CROSSWAY DRIVE
City-St-Zip: DEER PARK, NY 11729 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: TAMI F. KILGER

MGRM

03/15/2008

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