

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073626

FILED
Mar 20, 2009
Secretary of State

Entity Name: CAT BLUE ADVENTURES, LLC

Current Principal Place of Business:

324 POTOFINO DRIVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

324 PORTOFINO DRIVE
PUNTA GORDA, FL 33950

Current Mailing Address:

324 POTOFINO DRIVE
PUNTA GORDA, FL 33950

New Mailing Address:

324 PORTOFINO DRIVE
PUNTA GORDA, FL 33950

FEI Number: 41-2245270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUMFORD, DIANA L
324 POTOFINO DRIVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

BUMFORD, DIANA L
324 PORTOFINO DRIVE
PUNTA GORDA, FL 33950 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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUMFORD, DIANA L
Address: 324 POTOFINO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: BUMFORD, JAMES G
Address: 324 POTOFINO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUMFORD, DIANA L
Address: 324 PORTOFINO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM (X) Change () Addition
Name: BUMFORD, JAMES G
Address: 324 PORTOFINO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

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: DIANA L. BUMFORD

MGRM

03/20/2009

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