

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082526

Entity Name: CUB CADDY, LLC

FILED  
Jan 21, 2009  
Secretary of State

**Current Principal Place of Business:**

851 SE MONTEREY COMMONS BLVD.  
STUART, FL 34996 US

**New Principal Place of Business:**

851 SE MONTEREY COMMONS BLVD.  
STUART, FL 349963337 US

**Current Mailing Address:**

851 SE MONTEREY COMMONS BLVD.  
STUART, FL 34996 US

**New Mailing Address:**

851 SE MONTEREY COMMONS BLVD.  
STUART, FL 349963337 US

FEI Number: 26-3263427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER, WILLIAM C  
851 SE MONTEREY COMMONS BLVD.  
STUART, FL 34996 US

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

FOWLER, WILLIAM C  
851 SE MONTEREY COMMONS BLVD.  
STUART, FL 349963337 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: WILLIAM FOWLER

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JS CAPITAL MANAGEMEN, T, INC.  
Address: 851 SE MONTEREY COMMONS BLVD.  
City-St-Zip: STUART, FL 34996 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JS CAPITAL MANAGEMEN, T, INC.  
Address: 851 SE MONTEREY COMMONS BLVD.  
City-St-Zip: STUART, FL 349963337 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: WILLIAM FOWLER

MGRM

01/21/2009

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