


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90085 006 ****50.00

DOCUMENT # L98000002293	
1. Entity Name CATTLEA 106, L.C.	

Principal Place of Business 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237	Mailing Address 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237
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2. Principal Place of Business 3480 TALLEYAST ROAD	3. Mailing Address 3480 TALLEYAST ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34243	Country USA
Zip 34243	Country USA

20041700

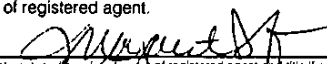


02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2135562	Applied For Not Applicable
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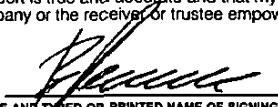
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, TROY H JR. 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name MARGARET SHAAF Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH MIAMI TRAIL, SUITE 200 City SARASOTA, FL Zip Code 34239
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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	MARGARET SHAAF (NOTE: Registered Agent signature required when reinstating)	03-15-06 DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYERS, TROY H JR. 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	4/25/06 (P11) 5047737 Date Daytime Phone #