### 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008237 1. Entity Name

CATAMOUNT LOT 8, LLC

Principal Place of Business

401 BAYFRONT PLACE, UNIT #3506 NAPLES, FL 34102

Mailing Address

401 BAYFRONT PLACE, UNIT #3506 NAPLES, FL 34102

## **FILED** Mar 06, 2006 08:00 AM **Secretary of State**



03012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0964465

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

PRICE, MARK J ESQ. **ROETZEL & ANDRESS** 850 PARK SHORE DRIVE, THIRD FLOOR

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NAPLES, FL 34103		IN THIS OF AGE	
8. The above the obliga	named entity submits this statement for the purpose of challons of registered agent.	linging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if scokiosble.		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			0000004\$74 <b>34</b> n3/17/06-80007-010-50.00
9.	MANAGING MEMBERS/MANAGERS		
TATLE	MGR		
NAME	O'MEARA, WILLIAM J JR		
STREET ADDRESS	30846 TANQA ROAD		
City-St-21P	EVERGREEN, CO 80439	1	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		•	
STREET ADDRESS		1	110T 111DIT

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11. I hereby certify that the information supplied with this filling does not quality 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 mysignature shall have the same legal effect as if made under calls; that I am a managing member or manager of the limited liability company of the rectifiver of pursue emportaled to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

NEPRESENTATIVE

Daytime Phone #