


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90041 035 ***138.75

DOCUMENT # M05000006564			
1. Entity Name CAT-FLA MANAGER LLC			
Principal Place of Business ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 US		Mailing Address ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 US	
2. Principal Place of Business - No P.O. Box # <i>One Independent Drive</i> Suite, Apt. #, etc. <i>Ste 1850</i> City & State <i>Jacksonville FL</i> Zip <i>32202</i> Country		3. Mailing Address <i>One Independent Drive</i> Suite, Apt. #, etc. <i>Ste 1850</i> City & State <i>Jacksonville FL</i> Zip <i>32202</i> Country	
6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT DR STE 1850 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAT-ATLFLA LLC ONE INDEPENDENT DR STE 1850 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3975873
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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: *Margaret Challen* 4/22/08 904-356-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #