

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90043 019 ****50.00

DOCUMENT # M05000006785

1. Entity Name
CAT-FLA OWNER LLC



Principal Place of Business
C/O CAPITAL PARTNERS, INC.
ONE INDEPENDENT CENTER DRIVE, SUITE 114
JACKSONVILLE, FL 32202

Mailing Address
C/O CAPITAL PARTNERS, INC.
ONE INDEPENDENT CENTER DRIVE, SUITE 114
JACKSONVILLE, FL 32202

20043232



2. Principal Place of Business

One Independent Dr.

Suite, Apt. #, etc.
Ste 114

City & State
Jacksonville FL

Zip
32202

Country

3. Mailing Address

One Independent Dr.

Suite, Apt. #, etc.
Ste 114

City & State
Jacksonville FL

Zip
32202

Country

04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3975873

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, WILLIAM G
C/O CAPITAL PARTNERS, INC.
ONE INDEPENDENT CENTER DRIVE, SUITE 114
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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CAT-FLA MANAGER LLC
ONE INDEPENDENT CENTER DRIVE, SUITE 114
JACKSONVILLE, FL 32202

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
One Independent Drive, Ste 114

☒ Change

☐ Addition

TITLE
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-28-06 904/356-1978