

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000006785

1. Entity Name
CAT-FLA OWNER 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 #
One Independent Drive

Suite, Apt. #, etc.

Suite 1850

City & State
Jacksonville, FL

Zip **32202**

Country

3. Mailing Address
One Independent Drive

Suite, Apt. #, etc.

Suite 1850

City & State
Jacksonville, FL

Zip **32202**

Country

0003014

04242007 Chg-LLC CR2E083 (12/06)

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
CIO CAPITAL PARTNERS, INC.
ONE INDEPENDENT DRIVE, SUITE 114
JACKSONVILLE, FL 32202

Suite 1850

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, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CAT-FLA MANAGER LLC
ONE INDEPENDENT DRIVE SUITE 114
JACKSONVILLE, FL 32202

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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:

Authorized Representative

4/24/07 (904) 356-1978

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

Date

Daytime Phone #