

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90043 022 \*\*\*\*50.00

DOCUMENT # M05000006908

1. Entity Name  
CAT OWNERS LLC



Principal Place of Business Mailing Address  
% CAPITAL PARTNERS, INC. % CAPITAL PARTNERS, INC.  
ONE INDEPENDENT CENTER DRIVE, SUITE 114 ONE INDEPENDENT CENTER DRIVE, SUITE 114  
JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

20043229



2. Principal Place of Business 3. Mailing Address  
One Independent Dr. One Independent Dr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Ste 114 Ste 114  
City & State City & State  
Jacksonville FL Jacksonville FL  
Zip Country Zip Country  
32202 32202

04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3975466  
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  
% 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 MGRM  
NAME CAT HOLDINGS LLC ☐ Delete  
STREET ADDRESS % ONE INDEPENDENT CENTER DRIVE, SUITE 114  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGRM  
NAME CAT-A Holdings LLC ☒ Change ☐ Addition  
STREET ADDRESS One Independent Dr., Ste 114  
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

*William G Evans* 04-28-06 904/356-1978