



**2006 LIMITED LIABILITY COMPANY-  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # L01000005394</b><br>1. Entity Name<br><b>KATE GUBELMANN, LLC</b>   |   |  |
| Principal Place of Business<br><b>ONE NORTH CLEMATIS<br/>SUITE 320<br/>WEST PALM BEACH, FL 33401 US</b>  | Mailing Address<br><b>ONE NORTH CLEMATIS<br/>SUITE 320<br/>WEST PALM BEACH, FL 33401 US</b>     |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 5. Name and Address of Current Registered Agent<br><br><b>BEDARD, JULIE<br/>ONE NORTH CLEMATIS<br/>SUITE 320<br/>WEST PALM BEACH, FL 33401</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 6. 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)</small>   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>GUBELMANN, KATE<br/>ONE NORTH CLEMATIS, SUITE 320<br/>WEST PALM BEACH, FL 33401</b> |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.<br><br><b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> |   |   |



01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-1099655**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U000000412470  
02/10/06-80048-009 50.00