2008 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L01000005394** 1. Entity Name KATE GUBELMANN, LLC Principal Place of Business Mailing Address **ONE NORTH CLEMATIS ONE NORTH CLEMATIS** SUITE 320 WEST PALM BEACH, FL 33401 **SUITE 320** WEST PALM BEACH, FL 33401 US

SIGNATURE:

FILED Jan 22, 2008 08:00 A Secretary of State



D	OO NOT WRITE IN THIS SPA	01072008No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For 65-1099655 Not Applied Some Required Status Desired Status Desired Fee Required
	6. Name and Address of Current Registered Agent	
BEDARD, JULIE ONE NORTH CLEMATIS SUITE 320 WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of changing its register tions of registered agent.	.) pred office or registered agent, or both, in the State of Florida. I am familiar with, and accept
	Sgnature, typed or protect name of registered agent and site 4 applicable. (NOTE: Registere E NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	red Agent agnature required when rematrizing) DATE
9.	MANAGING MEMBERS/MANAGERS	-
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	MGRM GUBELMANN, KATE ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401	U00000791082 01/23/08-80059-025 138.75
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DO NOT WOITE
CITY-ST-ZIP		DO NOT WRITE
TITLE NAME Street Adoress City-St-Zip		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby of indicated firmited fire	certify that the information supplied with this filling does not qualify for the en on this report is true and accurate and that my signature shall have the sar thilling company or the receiver or trustee empowered to execute this report	exemptions contained in Chapter 119, Florida Statutes. I further certify that the information are legal effect as if made under oath; that I am a managing member or manager of the tax required by Chapter 608, Florida Statutes