
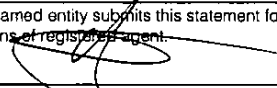
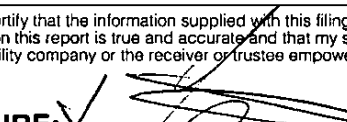


SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 AM 10:53

DOCUMENT # L03000037841			
1. Entity Name L KATEB, LLC		SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 21 AM 10:53	
Principal Place of Business 8443 SAWPINE ROAD DELRAY BEACH, FL 33446 US		Mailing Address 8443 SAWPINE ROAD DELRAY BEACH, FL 33446 US	
2. Principal Place of Business 10791 EL PARAISO PLACE		3. Mailing Address 10791 EL PARAISO PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELRAY BEACH FLORIDA		City & State DELRAY BEACH FLORIDA	
Zip 33446		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KATEB, LEISA 8443 SAWPINE ROAD DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name LEISA KATEB Street Address (P.O. Box Number is Not Acceptable) 10791 EL PARAISO PLACE City DELRAY BEACH FL Zip Code 33446	
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  DATE 10-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MANAGING MEMBER LEISA KATEB 10791 EL PARAISO PLACE DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		500060853805 10/21/05--01026--030 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 10/14/05 561-437-8080 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			