


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028661		
1. Entity Name KATIEBELLE LLC		
Principal Place of Business 941 N. ORANGE AVENUE WINTER PARK, FL 32789 US		Mailing Address 1074 PALOS VERDE DRIVE ORLANDO, FL 32825 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WINDISH, DAVID F 1074 PALOS VERDE DRIVE ORLANDO, FL 32825		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reuniting)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINDISH, KATHRYN J 1074 PALOS VERDE DRIVE ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINDISH, NANCY J 1074 PALOS VERDE DRIVE ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>Nancy J. Windish</u> <u>mgrm</u> <u>2/9/06</u> <u>407-622-6358</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01312006No Chg-LLC

CRZE083 (11/05)

4. FEI Number
20-1000479

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**