

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057075

Entity Name: THE CATE GROUP, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

645 N.E. 77TH STREET
UNIT 1
MIAMI, FL 33138 US

Current Mailing Address:

645 N.E. 77TH STREET
UNIT 1
MIAMI, FL 33138 US

New Principal Place of Business:

8425 BISCAYNE BOULEVARD
SUITE 103
MIAMI, FL 33138 US

New Mailing Address:

8425 BISCAYNE BOULEVARD
SUITE 103
MIAMI, FL 33138 US

FEI Number: 20-1449504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHIAVONE, JOSEPH T JR.
5324 EAGLE LAKE DRIVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

ALBERNI, PEDRO L CPA
4649 PONCE DE LEON BLVD.
SUITE 404
CORAL GABLES, FL 33146-211 US

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.

SIGNATURE: PEDRO L. ALBERNI

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAM L. CATE, ARC, HITECT
Address: 645 NE 77TH STREET, UNIT 1
City-St-Zip: MIAMI, FL 33138 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CATE, WILLIAM L
Address: 645 NE 77TH STREET, UNIT 1
City-St-Zip: MIAMI, FL 33138 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM L. CATE

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date