### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000095739

1. Entity Name KATÉ OBSTGARTEN, LLC



**FILED** Aug 01, 2007 08:00 AM Secretary of State

Principal Place of Business

16323 VINTAGE OAKS DELRAY BEACH, FL 33484 Mailing Address

16323 VINTAGE OAKS DELRAY BEACH, FL 33484



07092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHORR, STEPHEN A 1700 NW 2ND AVE BOCA RATON, FL 33432

NAME STREET ADDRESS CITY-ST-ZIP

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The above named entity submits this statement for the purpose of characteristics of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE
Filing Fee is \$50.00		

#### MANAGING MEMBERS/MANAGERS MGRM TITLE RUBIN, SANDRA NAME STREET ADDRESS 16323 VINTAGE OAKS CITY-ST-ZIP DELRAY BEACH, FL 33484 NAME STREET ADORESS CITY-ST-7IP

U00000771039 08/01/07-80002-010 55.00

### TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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.

**SIGNATUR** 

1 25, 2007 561-637-4680