2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L06000036619

1. Entity Namo

KATES 81-106, LLC



## FILED May 08, 2007 8:00 am Secretary of State

05-08-2007 90117 014 \*\*\*\*50.00

Principal Place	e of Business	Mailing Address							
19111 COLLINS AVENUE APT. # 3004 SUNNY ISLES BEACH FL 33160 US		19111 COLLINS AVENUE APT. # 3004 SUNNY ISLES BEACH FL 33160 US							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			<u> </u>	140/19/1 9/1 94/14 8//14 44/11			
Suite, Apt. #, etc.		Suile, Apt. #, etc.				st MOORE	CR2E083	(10/06)	
City & State		City & State			4. FEI Nun スカイ	nber 75 8399			plied For
Zip	Country	Zip	Coun	ntry		nte of Status Desired		55.00 Add	litional
6. Name and Address of Current Registered Agent					7. Name a	nd Address of New			
				Name					
KATES, GEORGE L 19111 COLLINS AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
AP I	T. # 3004 NNY ISLES BEACH FL 33160					<del></del>	,		
301	NINT ISLES BEACH FL 33100			City			FL	Zip Code	э
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									
SIGNATURE	Signature, typed or printed name of registered agent and	tile rapplicable. (NOi	E: Registere	d Agent signature requi	ired when reinstating)		DATE		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2007									
9.	MANAGING MEMBERS	/MANAGERS	10.			ADDITIONS	S/CHANGES		
nite	MGRM	☐ Delete	mu	F				☐ Change	Addition
NAME	KATES, GEORGE L								
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NAME	KATES, NEHAMA S		NAM	4					į
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NAME		C Dolott	NAM					<u> </u>	
STREET ADDRESS			1	LET ADDRESS					
CITY-ST-ZIP		<u> </u>		(-S1-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									

SIGNATURE: Story L Kotter George L. Kotter 4/26/27 305-466-2703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Depleting Plane #