

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114001

Entity Name: GBK RESEARCH LLC

FILED  
Apr 25, 2009  
Secretary of State

**Current Principal Place of Business:**

4510 BOTANICAL PLACE CIRCLE, SUITE 106  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2923  
NAPLES, FL 34106

**New Mailing Address:**

FEI Number: 32-0270898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRODHEAD-KAE, GAIL  
4510 BOTANICAL PLACE CIRCLE, SUITE 106  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRODHEAD-KAE, GAIL  
Address: 4510 BOTANICAL PLACE CIRCLE, SUITE 106  
City-St-Zip: NAPLES, FL 34112

Title: MGRM ( ) Delete  
Name: KAE, JOSHUA J  
Address: 4510 BOTANICAL PLACE CIRCLE, SUITE 106  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GAIL A. BRODHEAD-KAE

MGRM

04/25/2009

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