

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114001

Entity Name: GBK RESEARCH LLC

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4510 BOTANICAL PLACE CIRCLE, SUITE 106  
NAPLES, FL 34112

## **New Principal Place of Business:**

893 CHARLEMAGNE BLVD  
NAPLES, FL 34112

## **Current Mailing Address:**

4510 BOTANICAL PLACE CIRCLE, SUITE 106  
NAPLES, FL 34112

## **New Mailing Address:**

P.O. BOX 1332  
NAPLES, FL 34106

FEI Number: 32-0270898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **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:**

BRODHEAD-KAE, GAIL  
893 CHARLEMAGNE BLVD  
NAPLES, FL 34112 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:

04/13/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRODHEAD-KAE, GAIL  
Address: 893 CHARLEMAGNE BLVD  
City-St-Zip: NAPLES, FL 34112

Title: MGRM  
Name: KAE, JOSHUA J  
Address: 893 CHARLEMAGNE BLVD  
City-St-Zip: NAPLES, FL 34112

I hereby 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 BRODHEAD-KAE

MGRM

04/13/2011

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