

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 MAR 14 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M00000001624**

1. Entity Name

GF Income Investors LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One North Clematis

Suite, Apt. #, etc.

Suite 320

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

One North Clematis

Suite, Apt. #, etc.

Suite 320

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. FEI Number

51-0395306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Bedard, Julie

Street Address (P.O. Box Number is Not Acceptable)

One North Clematis

Suite 320

City

West Palm Beach

FL

Zip Code

33401

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, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

100014100947

03/14/03--01105--010 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

mgrm
William S. Gubelmann
One North Clematis, Suite 320
West Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)