2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A03759

FILED
02 APR 25 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

GEMINI ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
310 WEST JEFFERSON STREET TALLAHASSEE FL 32301	P.O. BOX 68 TALLAHASSEE FL 32302

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-1535337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COPERNICUS MANAGEMENT CORPORATION 310 WEST JEFFERSON STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$17,600.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	J62902	STREET ADDRESS	100005450141--5
NAME	COPERNICUS MANAGEMENT CORPORATION	CITY-ST-ZIP	-05/03/02--01060--003
STREET ADDRESS	310 WEST JEFFERSON ST.		****211.25 ****211.25
CITY-ST-ZIP	TALLAHASSEE FL		
DOCUMENT #		STREET ADDRESS	
NAME	AR-122.50	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	ARupp 88.75	CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: Copernicus Management Corp., General Partner

SIGNATURE: SIGNATURE REQUIRED 04/18/02 (850) 224-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #