

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90005 017 \*\*\*\*50.00

0038165

**DOCUMENT # L02000023314**



1. Entity Name  
**GEM FUND, LLC**

Principal Place of Business  
**3200 TAMiami TRAIL NORTH STE. 200  
NAPLES FL 34103**

Mailing Address  
**3200 TAMiami TRAIL NORTH STE. 200  
NAPLES FL 34103**

**20002480**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1164 Goodlette Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1164 Goodlette Rd.**  
Suite, Apt. #, etc.

City & State  
**Naples, Florida**

City & State  
**Naples, Florida**

4. FEI Number  
**55-0796376**

Applied For  
 Not Applicable

Zip Country  
**34102 U.S.**

Zip Country  
**34102 U.S.**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LADEMAN, CARRIE B  
3200 TAMiami TRAIL NORTH STE. 200  
NAPLES FL 34103**

**7. Name and Address of New Registered Agent**

Name  
**Clifford A. Olson**

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

**1164 Goodlette Road**

City **Naples** FL Zip Code **34102**

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

(NOTE: Registered Agent signature required when reinstating)

**1-6-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>MGRM WILLIAM, GARY</b>	<b>1164 GOODLETTE ROAD</b>	<b>NAPLES FL 34102</b>	<input checked="" type="checkbox"/>
	<b>MGRM OLSON, CLIFFORD A</b>	<b>1164 GOODLETTE ROAD</b>	<b>NAPLES FL 34102</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>MGRM Colonial Square Realty, Inc.</b>	<b>1164 Goodlette Road</b>	<b>Naples, Florida 34102</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (10/02)

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 REQUIRED**

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

**1-6-03**

DATE

**239 261 2627**

DAYTIME PHONE #