

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

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

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

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



☒ CHECK HERE IF MAKING CHANGES

City & State
Naples, Florida
Zip
34102
Country
U.S.

City & State
Naples, Florida
Zip
34102
Country
U.S.

4. FEI Number
55-0796376

Applied For
☐ Not Applicable

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
**MGRM
WILLIAM, GARY
1164 GOODLETTE ROAD
NAPLES FL 34102** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OLSON, CLIFFORD A
1164 GOODLETTE ROAD
NAPLES FL 34102** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Colonial Square Realty, Inc.
1164 Goodlette Road
Naples, Florida 34102** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

CR2E083 (10/02)