## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # L99000008592** THE GEMONO GROUP, LLC Principal Place of Business Mailing Address 3809 PINEY GROVE DRIVE 3809 PINEY GROVE DRIVE TALLAHASSEE, FL 32311-3608 TALLAHASSEE, FL 32311-3608 03302006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0702663 Not Applica \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPRINGER, JAMES C DO NOT WRITE 3809 PINEY GROVE DRIVE TALLAHASSEE, FL 32311-3608 IN THIS SPACE 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 acc the obligations of registered agent. my JAMES C. SPRINGEL (NDTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registeries opens and the J approache. Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SPRINGER, JAMES C NAME 900000490282 94/18/06-80050-011 50.00 3809 PINEY GROVE DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323113608 सारह NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JAMES C. SPENER

**FILED** 

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