2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90357 024 ****50.00

DOCUMENT # L06000007515

1. Entity Name
GEMSTONE GROVE, LLC

Principal Place of Business	Mailing Address
C/O JACK O. HACKETT II 99 NESBIT STREET PUNTA GORDA, FL 33950	C/O JACK O. HACKETT II 99 NESBIT STREET PUNTA GORDA, FL 33950

04162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5377 Duncan Rd	PO Box 512116
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State: Punta Gorda FL
Zip: 33982 Country: Charlotte	Zip: 33951 Country:

4. FEI Number: 20-4158643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HACKETT, JACK O II FARR, FARR, EMERICH, HACKETT AND CARR, PA 99 NESBIT STREET PUNTA GORDA, FL 33950	Name: George A. Winslow Street Address (P.O. Box Number is Not Acceptable): 5377 Duncan Rd. City: Punta Gorda FL Zip Code: 33982

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] DATE: 4-18-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MGR Winslow, George A. P.O. Box 512116 Punta Gorda, FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MGR Carr Darol HM 6330 Riverside Dr. Punta Gorda FL 33982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Date: 4-18-07 Daytime Phone #: (941)575-1505

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