2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 8:00 am Secretary of State

1. Entity Name GEM LAND COMPANY								01-14-2008	3 90084 04:	2 ***150.	.00
Principal Place of Business 20600 CHAGRIN BLVD 430 SHAKER HEIGHTS, OH 44122			Mailing Address 20600 CHAGRIN BLVD 430 SHAKER HEIGHTS, OH 44122			40002483					
2. Principal Place of Business - No P.O. 8ox #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042008	Chg-P	CR2E03	34 (12/06)		
City & State			City & State				4. FEI Numbe			- 	plied For t Applicable
Zip	Country		Zip Cour		itry	5. Certificate of Status Desir			\$8.75 Additional Fee Required		
6. Name and Address of Current			Registered Agent		7. Name and Address of New Registered Agent						
CT CORPO 1200 S. PII PLANTATI	NE ISLAN	ID ROAD		Name Street Address (P.O. Box Number is Not Acceptable)							
	7 ₇ /			City				FL	Zip Code	Э	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution											
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CFTY-\$T-ZIP	ŀ	:: I, RICHARD T NTINGTON BLDG AND, OH 4411.5	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete BROWN, JR, WILLARD W ROCKMEADOW FARM HERRICKS RD. BROOKSVILLE, ME 04617				eet address '-st-zip					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	218 PLE	I, ENDICOTT P JR ASANT COVE ROAD AY, ME 04537	☐ Delete					-		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4894 SW	TEPHEN E EETWATER RD. I, CO 81637	☐ Delete			PD CONL 4894 GYP	IN, STEPHI SWEETW SUM, CO	EN E NATER RO. 81637		⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14065 PII	, KATHLEEN V. NETREE BLVD WILLE, GA 31792	☐ Delete	4			,			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	, NINA S FORD STREET NE POLIS, MN 55414	☐ Delete							☐ Change	Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with rall other like empowered.											

NED NAME OF SIGNING OFFICER OR DIRECTOR Date | Date |