


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005074 1. Entity Name GEMINI FLORAL PARTNERS, LLC	
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Principal Place of Business 2119 NW 79TH AVENUE MIAMI, FL 33122	Mailing Address 2119 NW 79TH AVENUE MIAMI, FL 33122
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DO NOT WRITE IN THIS SPACE



04252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1004218	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
**BAIRD, STEVEN K ESQ
6301 BISCAYNE BOULEVARD, SUITE 208
MIAMI, FL 33138**

**DO NOT WRITE
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 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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORTNER, MITCHEL 13720 SW 73RD COURT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCIPHERSON, GARY 1139 CAMELLIA CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORAL PLANNING & MARKETING SERVICES, INC 7380 SW 166TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/05/05-80134-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Mitchel Fortner Mitchel Fortner 5/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #