

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000005074

FILED
May 17, 2007
Secretary of State

Entity Name: GEMINI FLORAL PARTNERS, LLC

Current Principal Place of Business:

2119 NW 79TH AVENUE
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2119 NW 79TH AVENUE
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-1004218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIRD, STEVEN K ESQ
6301 BISCAYNE BOULEVARD, SUITE 208
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

BAIRD, STEVEN K ESQ
5981 NE 6TH AVENUE
MIAMI, FL 33137 US

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.

SIGNATURE:

05/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORTNER, MITCHEL
Address: 13720 SW 73RD COURT
City-St-Zip: MIAMI, FL 33158

Title: MGRM () Delete
Name: MCPHERSON, GARY
Address: 1139 CAMELLIA CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Delete
Name: FLORAL PLANNING & MA, RKETING SERVICE S, INC
Address: 7380 SW 166TH STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

05/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date