

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

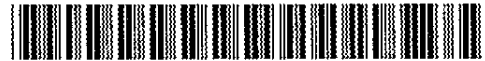
DOCUMENT # L00000012257

1. Entity Name
THE GEM GARDEN, LLC



Principal Place of Business
**P.O. BOX 304
BOCA GRANDE, FL 33921-0304**

Mailing Address
**P.O. BOX 304
BOCA GRANDE, FL 33921-0304**



02232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1756617

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHIGHAM, DAVID L
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948**

**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, 2004**

U000000077216
03/05/04-80034-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEM
MEYER, MINDY
8 N HOWELL ST.
HILLSDALE, MI 49242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MEYER, MINDI
8 N HOWELL STREET
HILLSDALE, MI 49242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-1-04 517-437-3304