2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000013689 1. Entity Name GEMINI HOLDINGS OF SOUTH FLORIDA, L.L.C.						FILED	-		
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			*** **			TARY OF	STATE		
8926 SE NORTH PASSAGE WAY 892			ailing Address ***- 8926 SE NORTH PASSAGE WAY			SECRETARY OF STATE TALTALLAHAS			
TEQUESTA FL 33469 TEQUESTA FL 33469							A		,
2. Principal Place of Business		3. Mailing Add	3. Mailing Address			-			
Suite, Apt.,#, etc.∠		Suite, Apt.	#, etc	en, silis en p		DO NOT WR	RITE IN THIS SE	PACE /	
City & State	·	City & State	•		4. FEI N	lumber	,	- 	plied For t Applicable
Zip	Country	Zip	C	Country	5. Certif	icate of Status Desired		5.00 Add	litional
6. N	lame and Address of Current	t Registered Ager	nt		7. Name	and Address of New			<u>. </u>
		<u> </u>		Name				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
JAMES, KEITH A ESQ			- ;		ress (P.O. Box N	umber is Not Acceptab	ie)		·
222 LAKEVIEW A	AVE						•		
SUITE 800	AOU EL 22404	•	•					T 1	
	AUTI FL 3340 I			City			FL	Zip Code)
WEST PALM BEA									
	entity submits this statement for	or the purpose of o	changing its regi	istered office or re	egistered agent, o	or both, in the State of F	lorida.	·.	
8. The above named		or the purpose of c	changing its regi	istered office or re	egistered agent, o	or both, in the State of F	lorida.	; -	
8. The above named				istered office or re			lorida. Date		
8. The above named	entity submits this statement for	t and title if applicable.	(NOTE: Reg	gistered Agent signature	required when reinstating				
8. The above named	entity submits this statement for	t and title if applicable.	(NOTE: Reg		required when reinstation				
8. The above named of Signature.	entity submits this statement for	t and title if applicable. Make	(NOTE: Reg	gistered Agent signature	required when reinstation	ng)	DATE S/CHANGES		
8. The above named a Signature. 9.	entity submits this statement for typed or printed name of registered agent MANAGING MEMB	t and title if applicable. Make BERS/MEMBERS	(NOTE: Reg	gistered Agent signature (111. FEE-IS-\$5(ple to Department) 10.	required when reinstation	ng)	DATE S/CHANGES	☐ Change	Addition
8. The above named of SIGNATURE SIGNATURE Signature. 9. HITLE NAME SHIEL STREET ADDRESS 8926	entity submits this statement for typed or printed name of registered agent MANAGING MEMB MLDS, ROBERT D SE NORTH PASSAGE WA	Make	(NOTE: Reg	gistered Agent signature U.S.FEE-IS \$50 Die to Departm 10.	required when reinstation	ng)	DATE S/CHANGES	☐ Change	Addition
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4.20.01 Date