

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90263 047 ****50.00

DOCUMENT # L01000011851

1. Entity Name

GEMINI PROPERTY MANAGEMENT, LLC

Principal Place of Business

**631 U.S. HIGHWAY ONE, STE. 312
 NORTH PALM BEACH FL 33408**

Mailing Address

**631 U.S. HIGHWAY ONE, STE. 312
 NORTH PALM BEACH FL 33408**

2. Principal Place of Business

100 VILLAGE SQUARE CROSSING

3. Mailing Address

100 VILLAGE SQUARE CROSSING

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

Zip

33410

Country

4. FEI Number

05-1139983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RIETWYK, THOMAS
 631 U.S. HIGHWAY ONE, STE. 312
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **THOMAS RIETWYK**
 Street Address (P.O. Box Number is Not Acceptable)
100 VILLAGE SQUARE CROSSING
STE-105
 City **PALM BEACH GARDENS FL** Zip Code **33410**

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIETWYK, THOMAS 631 U.S. HIGHWAY ONE, STE. 312 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
100 VILLAGE SQUARE CROSSING, STE-105 PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/02 561-207-6100

Date Daytime Phone #

CR2E083 (9/01)