2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011851

1. Entity Name GEMINI PROPERTY MANAGEMENT, LLC



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

100 VILLAGE SQUARE CROSSING

SUITE 105 Palm Beach Gardens, FL 33410 Mailing Address

100 VILLAGE SQUARE CROSSING SUITE 105

PALM BEACH GARDENS, FL 33410



DO NOT WRITE IN THIS SPACE

04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1139983

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title # applicable

RIETWYK, THOMAS 100 VILLAGE SQUARE CROSSING SUITE 105 PALM BEACH GARDENS, FL 33410

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| 8, | The above named entity submits this statement for the purpose of changing its registered office of registered agent, of both, in the State of Florida. I am familiar with | , and accept |
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| | the obligations of registered agent. | |
| | | |
| | | |
| SIC | SIGNATURE | |
| SIC | SIGNATURE | |

(NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RIETWYK, THOMAS 100 VILLAGE SQUARE CROSSING STE 105 PALM BEAGH GARDENS, FL 33410 |
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U00000745499 05/16/07-80031-009 50.00

DATE

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 illimited liability company or the receiver or trustee empowered to execute mis report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/25/07 5U1207 U30