


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000016777	
1. Entity Name <b>GEMINI, LLC</b>	

Principal Place of Business <b>P.O. BOX 3224 PINELLAS PARK, FL 33780 US</b>	Mailing Address <b>P.O. BOX 3224 PINELLAS PARK, FL 33780 US</b>
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02122004No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>11-3659305</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>SCHWARTZBERG, MICHAEL S 5428 1ST AVENUE NORTH ST. PETERSBURG, FL 33710</b>	

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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

U000000086177  
03/12/04-80013-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WHEELER, BARBARA P.O BOX 82642 PINELLAS PARK, FL 33780</b>
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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:** *Barb Wheeler*      2-12-04      727-589-1501

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